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CASE STUDY CHILD MOLESTATION

by

JANET ANDERSON

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1985

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To Betty

ABSTRACT

The response of persons in positions of responsibility to the reporting of sexual abuse is an important factor in the mental health of the abused. A case study examining in detail the response of personnel in school, social service, legal and medical systems is described to illustrate the problem presented by ineffective responses to disclosure of sexual abuse. Inadequacies identified in the case study include breakdowns in prescribed procedures, unevenness of service, and lack of integrated coordination of services which lead to negative results for the abused victim.

PROLOGUE

At the onset of this case, I had not intended to write a thesis on child sexual abuse and had already done research in another area. In an effort to achieve some meaning for the suffering of the victim, who is the subject of this case study, and my own experience with her struggle, this thesis has been written. I hope that it will offer some benefits to the reader. The thesis does not offer a specific theory of counselling or technique, to be used by other counsellors. The thesis does offer an example of human experience and human behavior. I have learned through this experience that it is not the theory or technique that necessarily will facilitate healing but rather the competence of the person using it and the kind of person they are. It is my belief that one needs to know a variety of counselling theories and have diverse skills to draw upon. I certainly needed everything I had learned and I had to learn more as I dealt with this case.

My base of strength in counselling comes from philosophy and my living experience from which I have derived a certain set of values. In terms of counselling theory, I find that of Carl Rogers, Abraham Maslow, and Victor Frankel valuable. Briefly stated, I look to Rogers, because when I have nothing else to offer I can give caring and support. I also think self-concept is central to being healthy. I draw on Maslow, because of his emphasis on possible growth and fulfillment of potential. Frankel is fundamental since often there are situations in counselling and life when it seems as if there is so much suffering that must be

endured without rational reason for this suffering to be. One must be able to find meaning, to make the choice to become a Being, to understand that often the greatest growth comes through pain. I became aware during this case that anyone who is going to work with victims of sexual abuse must be flexible and strong. My strengths were tested and I found that I had energy and knowledge limitations. With this case, and often a daily work load ranging from 8 - 16 students and an emotional shift usually required with each student, I was challenged to expand my limits.

It is my hope that the reader of this thesis will come to appreciate the need for change in the manner in which our society deals with child sexual abuse. We live and work in an imperfect world. It must be the responsiblity of each of us to do what we can to improve it.

ACKNOWLEDGEMENTS

I would like to thank Dr. Charles C. Anderson for generously sharing his knowledge and insights.

To Dr. Allen R. Vanderwell and Dr. James W. Vargo thanks are extended for your valuable feedback and assistance.

I also wish to thank Jan Chevalier who always came to my aid when I needed something typed immediately. A special thanks to my friend, Bonnie, who is always there, steadfast.

To Michael, who restores me with his loving strength, gentleness, unfailing patience and support, my gratitude.

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CHAPTER I

INTRODUCTION TO THE STUDY

Sexual abuse of children is a multifaceted problem. Sexual abuse, when disclosed, becomes a problem to whomever it is disclosed, whether parent, teacher or counsellor. When the disclosure is made to a professional who bears the moral and ethical as well as legal responsibility for reporting the disclosure of sexual abuse, it becomes a problem for police and whatever relevant social agencies which may become involved.

The operational definition of child sexual abuse, as used in this thesis and by the Edmonton Region, Alberta Social Services and Community Health in its Statement on Child Sexual Abuse (1984) is as follows:

> Child sexual abuse shall include any sexual intercourse, sexual molestation, exhibitionism or sexual exploitation involving a child, that could be a violation of the Criminal Code or render the child in need of protection under the Child Welfare Act. This includes both intra-familial and extra-familial child sexual abuse (p.3).

The adult must be held accountable for the exploitation of the child who is usually too young to comprehend or give consent to the sexual contact. Just as adults who abuse must be made to assume responsibility for their actions, so must all other persons or social agencies be made to assume responsibility for their actions once they are involved. The difficulties encountered by a particular high school counsellor in trying to fulfill her responsibility once the disclosure

was made is the focus of this thesis. Also included are her observations of the breakdowns in other services rendered, and a statement of what she learned during this experience.

When sexual abuse is disclosed one is obligated by law to report the matter to appropriate social agencies, specifically in Alberta to Social Services. An obligation continues as each party subsequently becoming involved has the moral and ethical responsibility to fulfill not only what is required by law and professional ethics, but also to fulfill a responsibility to the child. For the child, whose trust, faith, belief, love, care, nurturing and protection has been betrayed, it is imperative that betrayal not continue. Yet tragic stories tell of many persons and agencies failing their responsibilities and continuing the betrayal. This betrayal of trust must stop and those involved must be made accountable for their actions. It is the child whose interests must be served.

An ideal intervention would be one which swings smoothly, quickly and responsibly into action to protect the child. Present interventions contain varied opinions and practices, one difference being in whether there is a child-centered or family-centered focus. However, it is the accountability for their actions, of those in positions of responsibility regardless of orientation that is most important.

Many research studies and surveys have retrospectively assessed the long-term damage of sexual abuse (Bagley and McDonald, 1984; Briere, 1984; Finkelhor, 1984; Jehu and Gazan, 1983). It would be useful perhaps to ask these same victims of abuse what kind of interventions

were helpful or harmful from their point of view, and something about the long-term effects of these interventions on their lives.

The horror stories of inept interventions must stop, as surely as the exploitation of the child must stop. The existing response for reported cases of child sexual abuse must be re-evaluated in terms of structure, funding, and accountability. Further, there is a dearth of longitudinal studies to determine the relative success of existing structures and much remains to be done in the areas of public awareness and preventative education. The objective must be to incorporate a comprehensive and integrated mode of response for parents, teachers, and other professionals, to whom disclosure is made which serves the interest of the child.

Our systems must accommodate the child (usually female) who is the victim, and who is innocent. Ironically, it is the victim who is most often apprehended, uprooted from social setting of home, family, school and friends, and placed in a receiving home. The victim asks, "Why am I being treated this way? I didn't do anything wrong, he did!" The answer, "It is for your protection" must be the truth if we are to serve the interests of the child responsibly, morally, ethically and lawfully.

One aspect of the current response which must be examined is the common situation in which the child must be taken from her home for protection from further sexual abuse. As an alternative to the present system of receiving home placement, where age, sex, and reason for placement are not priorities (and children who have engaged in criminal activities are mixed with those who have done nothing wrong), is it not possible to consider a sheltering system where the specific needs of the

child, as a victim of sexual abuse, is a priority? The traditional response, which has been to remove the child from home or to allow the child to remain at home with the offender "under supervision," is not desirable. Either of these actions serve to further victimize the child since the child experiences the loss of home, family and friends with one, and in the other is left open to the risk of further abuse. Upon disclosure of sexual abuse, the victim and offender must be separated to protect the child from further abuse and harassment. If the abuse is occurring in the home, it is the offender who should be removed. This removal of the offender (providing the mother believes the child), opens the way for the mother and child to strengthen their relationship. The quality of this relationship is crucial to the well-being of the child in terms of her response and recovery. Summit, in his paper Typical Characteristics of Father-Daughter Incest, (father refers to biological father, stepfather or any adult male in the parental role) supports this view.

> In Santa Clara County, California, where incestuous families receive immediate outreach from members of the self-help program, Parents United, and where the police can count on backup from a specialized treatment and supervision network, most of the fathers agree to move out of home immediately to protect their family. Almost all plead guilty or nolo and accept a reduced term or probationary supervision in return for mandatory family treatment. Under these conditions, the mother is able to take her daughter's side and develop a more protective, accepting relationship with her. When the mother and daughter feel comfortable and if the authorities are convinced it is safe, they may arrange with the treatment program to work at bringing the father back into the family.
>
> With this kind of cooperation of effort, the girl gains dignity and strength as well as gaining the vital endorsement and support of her mother. The father earns new self-respect by surviving the horrors of disclosure, accepting responsibility and

> working to regain the love and trust of his family. The police have a definitive investigation and share with the prosecutor in a nearly perfect record of convictions. The court has the reassurance that justice can be decisive for the protection of the victim and of society, as well as indispensible to the rehabilitation of the offender, (Summit, 1978).

The author of this thesis proposes, for the victim, a sheltering system especially for sexual abuse victims. This is proposed as an alternative to the present system of placement (referring specifically, but not limited to, Alberta) in a receiving home where age, sex, and reason for placement are not priorities (and children who are engaged in criminal activities are mixed with those who have done nothing wrong); a sheltering system that has as a priority the needs of a victim of sexual abuse. This is particularly important since often the ". . . quality of response in the first 48 hours following disclosure of sexual abuse determines the eventual outcome for the child" (Grant, 1982, p.4).

This kind of sheltering system could allow for specialized crisis support which would provide a better opportunity for successful resolution, to the disclosure of sexual abuse. This immediate and special support would also further enhance the treatment process for the victim directed toward resolving the trauma. Intervention strategy should not leave the victim feeling shamed, guilty, excluded, or vulnerable to peripheral destructive influences and totally unable to understand why she is being "punished."

The challenge is to find new ways of responding, utilizing the best in welfare, judicial, and treatment services to protect victims and protect other children from sexual abuse. It is an unfortunate fact that

> unless specifically trained and sensitized, the average adult, including mothers, relatives, teachers, counselors, doctors, psychotherapists, investigators, prosecutors, defense attorneys, judges and jurors cannot believe that a normal, truthful child would tolerate incest without immediately reporting, or that an apparently normal father could be capable of repeated, unchallenged sexual molestation of his own daughter. The child of any age faces an unbelieving audience when she complains of ongoing incest. The troubled, angry adolescent risks not only disbelief, but scapegoating, humiliation, and punishment as well (Summit, H7).

This author firmly supports Summit's view and purposes that professional training include specific training in the field of child sexual abuse, especially for those who are in a position of responding to the problem frequently. Also proposed is the implementation of preventative education programs for the general populace, for example, in schools for students and teachers and especially parents. There must be a commitment of people and monies to fund research and development of resources for a comprehen response for the victims of child sexual abuse.

To experience, as the author did, the world of phenomenological research, and the often unexpected events as they unfold one might wish to read Chapter Three first, then Chapter Two, and end with Chapter Four. Chapter Three is the case study of sexual abuse. This case became an on-the-job geniune learning experience for the author, a high school counsellor (in a rural school with an enrollment of approximately 850 students) to whom "the problems" were referred. As a result of this case, I was challenged to learn about the sexually abused child's world of "secret" pain. In editing the case notes, style was not a major concern and therefore the reader may find that occasionally the reading

is uneven; it seemed important to preserve the way in which events actually happened.

In Chapter Two, the literature review is focused on the prevalence of child sexual abuse, the long term effects for the victim's mental health and psychosocial adjustment. Included in this review are some findings of the Badgley* Report on the breakdown of follow-up care for the victims. Reading the literature, listening to adult survivors speak of their own experiences, and talking with therapists who had worked with victims revealed a world heretofore unencountered by the author in personal experience or in counsellor education in university.

In Chapter Four, the discussion, conclusion and recommendations are based on the entity of the learning experience.

*(Author's Note) The Committee on Sexual Offences Against Children and Youths work will henceforth, for the sake of brevity, be referred to as the Badgley Report.

CHAPTER II

RELATED LITERATURE AND RESEARCH

Literature Related to Prevalence and Long-Term Effects of Childhood Sexual Abuse

Sexual abuse of children was not given a great deal of attention prior to 1970. In the U.S. since the first collection of national statistics in 1976, however, reported sexual abuse has grown faster than any other reported form of child abuse. In Newsweek, May 1984, the front cover is entitled "Sexual Abuse;" it displays a drawing obviously done by a child of a male figure with the words, "I hate him" written above. On the right-hand side there is the statement, "The Growing Outcry Over Child Molesting." Inside one finds a "Special Report--A Hidden Epidemic." In Psychology Today, May 1984, an article on incest, "The Unspeakable Family Secret," fear and shame have forced almost 15,000,000 victims of incest to suffer in silence. There are the books (written by victims); Daddy's Girl by Charlotte Vale Allen (1980), Kiss Daddy Good Night by Louise Armstrong (1978), Father's Days, a true story of incest by Kay Brady (1980), and The Best Kept Secret: Sexual Abuse of Children by Florence Rush (1980). These are but a few of the popular articles and books now available on the topic.

Then there are the research reports, such as The Report of Sexual Assault in Canada by Diane Kinnon in December of 1981, which was

sponsored and published by the Canadian Advisory Council on the Status of Women in Ottawa. In speaking of women, she states that, "The combined incidence of rape and sexual assault is one in four living in Canada" (p.2). In a fact sheet report on the Children's Service Program of the Alberta Social Services and Community Health, child neglect and abuse statistics in Alberta for the period of April 1, 1983 to March 31, 1983 are 964 reported cases of sexual abuse, 450% higher than the 1979 figures (Alberta Report, March 25, 1985). The most recent data comes from the Badgley Report, Volume 1. This is a report of the Committee on Sexual Offences Against Children and Youths appointed by the Minister of Justice, the Attorney General of Canada, and the Minister of National Health and Welfare. The chairman of this report was Robin F. Badgley. The report was released in August of 1984. This report, in the National Child Sexual Abuse Statistics, stated that prior to 1977 there were few references to sexual abuse in annual reports of provincial child protection services and few statistics listing these incidents. In 1977, 300 sexually-abused children were identified. There was an increase of 431% by 1980 when 1,593 cases were reported. The Badgley Report (1984) states "that at sometime during their lives about one in two females and one in three males have been victims of unwanted sexual acts. About four in five of these incidents first happened to these persons when they were children or youths" (p.795). The report attributes these greater numbers to increased public awareness, increased victim reporting, and implementation of a greater number of social agencies to deal with the reported cases of sexually abused children.

One specific criticism that is consistently made pertaining to the various estimated number of cases of reported sexual abuse is that these numbers come from surveys. The surveys of student and general population samples in Canada (Bagley, 1984; Herold, et al., 1979; Sorenti-Little, et al., 1984) and in the United States (Finklehorn, 1979; Russell, 1983; Sedney & Brooks, 1984) indicate that between 18 and 30 percent of women have experienced serious and unwanted sexual assault by their 18th birthday. Russell's book, Sexual Exploitation, Rape, Child Sexual Abuse and Workplace Harassment, 1984, is included in this thesis as it reviews much of the current literature on sexual exploitation and utilizes a random sample to obtain data. It includes specific information regarding child sexual abuse (p.22). Russell's survey was done in San Francisco in an attempt to gain more accurate figures regarding rape, other forms of sexual assault and child abuse from females in a general population. In-person interviews with 930 randomly selected adult female residents of San Francisco were conducted throughout the summer of 1978. Her work was funded by the National Institute of Mental Health and further analysis of data on child sexual abuse was funded by the National Centre on Child Abuse and Neglect.

This work is particularly important because it is a randomly-sampled survey, whereas most other figures that give the incidence and prevalence of abuse come from self-reports through various helping agencies. This makes for a self-selected sample. One can only generalize her data to other populations similar to San Francisco, such as Los Angeles, Boston, Cleveland, Dallas and perhaps cities in Canada

such as Montreal, Toronto and Vancouver. This is not meant, however, to minimize the validity of self-reporting statistics regarding the prevalence of sexual abuse. In Russell's work the definition of incidents referred to "cases of child sexual abuse that occurred within a specific period of time" (p.177). The definition of prevalence refers to "the percentage of children victimized by the experience, whether once or many times" (p.177). There is no common definition of sexual abuse among researchers or practitioners, or at what age one is or is not a child. There are many terms used, such as; "child sexual abuse, sexual victimization, sexual exploitation, sexual assault, sexual misuse, child molestation, sexual maltreatment, child rape" (p.177). These terms were used interchangeably. To add to the confusion these terms have sometimes been limited to describing the behavior as it occurs between the child and an adult, excluding sexual abuse of children by peers. Often, if the age of the child abuser is less than five years older than the victim, it is not considered child sexual abuse.

When Russell allowed for broader definition of sexual abuse to include some of the statements from those interviewed regarding unwanted kisses, hugs, and touching, excluding the genital area, the prevalence was:

> Of the 930 women, 54% (504) reported at least one experience of incestuous and/or extrafamilial sexual abuse before they reached 18 years of age, and 48% (450) reported at least one such experience before they reached 14 years of age (p.185).

It is interesting to note that only "2% of incidents of incestuous abuse of females were ever reported to police compared with 6% of the

cases of extrafamilial child sexual abuse of females" (p.175). Does the power structure in the family account for this or the incest taboo? It is also worthy to note that in Russell's survey there was not one female perpetrator reported to the police. There may be several reasons for this; one is that there were 26 female perpetrators as compared to 621 male perpetrators. The data reported that 27% of the girls reported being very or extremely upset if they were abused by females as compared to the 58% when abused by males. In terms of long-term effects, 22% abused by females reported none as compared with the 46% who reported long-term effects if the perpetrator was male. Russell offers the explanation for few long term effects; that women are not as likely to use physical force or violence, (46% compared to 83%). Nor is the abuse of the most seriously considered level (intercourse, anal or oral, and touching or beginning these acts--8% compared to 46%). Age of the perpetrator was considered; females were younger, had a mean age of 18 compared to 30 for males. The age of victims was 11.7 years for those abused by females as compared to 12.4 years by males.

The Russell Survey also found that 16% of the sample of 930 women reported at least one experience of incestuous abuse before the age of 18 years (40% occurring within the nuclear family) broken down as follows:

- 4.5% with fathers, stepfathers, adoptive fathers and foster fathers;
- 4.9% with a first cousin;
- 3.0% with uncles;
- 2% with brothers;

- 0.9% with a male inlaw;
- 0.9% with a grandfather;
- 0.3% with a sister;
- 0.1% with a mother;
- 1.8% with some other male or female relative.

Abuse by more than one category of relative results in the total of the above percentages exceeding 16%.

In extra-familial child abuse, only 15% were strangers, 42% were acquaintances, and 41% were friends of the family, dates, boyfriends, or lovers. Of this group, 40% were seen as authority figures, partially because they were much older males; only 4% were females. These males were neighbors, parents' lovers and friends of the family, to cite just a few. Stepfathers (47%) were more likely to very seriously abuse, (completed and attempted vaginal, oral, anal intercourse, cunnilingus, analingus) usually with threat of, or in fact, physical force. The data confirms that children are at greater risk for very serious sexual abuse from stepfathers, as compared to biological fathers (p.188-189). The incest taboo does seem to have some effect, since the incestuous abuse within the family appears not to include the very serious extra-familial abuse as reported above. In the method used in this sample the reported percentage was 20%. It should be recognized, however, that the incest taboo may also inhibit reporting of sexual abuse. In Russell's "Random Sample Survey of 930 women, 647 cases of child sexual abuse were disclosed . . . only 30 cases were ever reported to police . . . all

involved male perpetrators, and only seven were known to result in convictions" (p.172).

This illustrates, as do other reports, that reported sexual abuse by females is considerably less than by males and that it is reportedly not as traumatic with females. The low report rate in this survey illustrates the need for early detection and increased reporting, especially in view of the fact that "one-third (32%) of the victims of incestuous child abuse reported that their perpetrators had also sexually abused one or more relatives" (p.176). Russell believes that there is no reason to think that the results she obtained in her random survey are all that different from any other city of comparable size. One can assume from that "this means that over one-quarter of the population of female children experience sexual abuse before the age of 14, and well over one-third have had such an experience by the age of 18 years" . . . and confirm that the number reported to the police are minute (p.194).

Research Pertaining to the Effects on Women who have Experienced Incest, Sexual Assault or Some Form of Child Sexual Abuse

The victim who has experienced a violation of herself usually suffers psychologically in proportion to the amount of violation. Her personal sense of self, perception of rules, her perception of the world as a fair place, trust in home as a safe place, and trust in a significant "other" such as a parent, relative, sibling, or any other person who is in a position of trust to the child may all suffer. The

duration of the victimization, the physical force involved and the physical injuries also play a role in the effects on the victim.

David Finkelhor and Angela Browne have developed a model entitled, Traumagenic Dynamics in the Impact of Sexual Abuse (1985). These concepts form a model which one can use in making an assessment for intervention. The concepts are traumatic sexualization, stigmatization, betrayal, and powerlessness. Psychological impact and behavioral manifestations of each of these are discussed. Finklehor/Browne view traumagenics as altering the child's view of the world. In an attempt to cope with the existing environment which may include ongoing abuse, the coping behaviors of the child may become very distorted. According to Finkelhor, the first concept is traumatic sexualization, a process in which the child's sexuality is formed by the experience in an inappropriate way. For instance, if any sexual response is invoked in the child, and if the young adolescent understands the sexual act, then the damage may be potentially far greater. Included in these dynamics of sexual activity is the conditioning with other negative emotions and memories. Misconceptions pertaining to sexual morality and behavior may also be transmitted from the abuser to the child.

The psychological impact which may arise from this traumatic sexualization includes confused sexual identity, confusion of sex with love, and giving and receiving of care. There may also develop an aversion to being sexually intimate.

Other behaviors which may be manifested are promiscuity, prostitution, sexual dysfunction, and sexual aggression.

In stigmatization the dynamics are very powerful and the message is conveyed that the child is to blame, and is "damaged goods." When the secret is revealed, the reaction of others, such as shock and perhaps disbelief, produces a psychological impact of guilt and shame. Self-esteem is lowered and sense of self is one of being different from others.

In betrayal, the dynamics are the violation of trust in others that provide care and nurturing, as seen by the child. This vulnerability is used without regard for the child's well-being by the abuser.

The psychological impact of betrayal may bring on grief, depression, anger, hostility, and extreme dependency with an impaired ability to evaluate whether others are to be trusted or not. These reactions will often manifest themselves in cleaning behavior, delinquency, isolation, aggressiveness, and the openness to be revictimized.

Powerlessness is perhaps one of the most damaging results of sexual abuse, in that the child's will and body are invaded against the child's own desire. When the child tries to protect herself from this by telling someone, often nothing is done, or the child is not believed. Accordingly the feeling of powerlessness is reinforced. This impacts on the child psychologically with the perception of self as victim, a need for control, experience of anxiety and fear and identification with that of the abuser.

This feeling of powerlessness may manifest itself in the form of nightmares, phobias, depression, eating and sleeping disorders and somatic complaints. The victim may also become an abuser, aggressive

and bullying, may experience school or employment problems, and be open to greater risk for subsequent victimization (Finkelhor/Browne, 1984).

Once the dynamics of sexual abuse are understood (specifically for each victim), one can assess what the main treatment plan must include. In making such an assessment one must consider such factors as the victim's self-image, her commitment to work on changes such as new coping skills, and the availability of support from family and/or friends to aid in the process of treatment. The resources of the community in terms of psychiatric care, counselling services and physical protection must be matched to the needs of each victim. The therapy interventions that follow must also provide for enabling the person to deal with others in a positive way. This also brings forward the need for re-education regarding past sexual experience as compared to positive sexual experience.

Runtz and Briere (1985) in their study Adolescent "Acting-out" and Childhood History of Sexual Abuse of 278 female undergraduate students looked at teenage behavior, retrospectively. This study is useful in that it draws attention to what may be perceived as an adolescent seeking escape from an abuse situation by the symptoms exhibited. They utilized women from a non-clinical sample who had been abused sexually with a control group from the same population who had not been abused. Two measures were used: a modified version that Finkelhor used in his 1979 survey of childhood sexual abuse experiences, as well as a 29 item "Teenage Behavior Questionnaire."

This study found that 15% of a non-clinical sample of adult women were abused before they were 15 years of age. Compared to the control group, these women had more often "acted out;" for instance, being seen as delinquent in behavior and experiencing difficulty in school, conflict with authority figures, homosexual contact, and eating disorders.

This study illustrates that a group of women who had "adjusted well enough to be in a university population" had experienced some of the same behaviors which we find in "delinquent adolescents" who have become part of the social system in an institution or protective agency. One might well ask, how is it that one group survives, adjusts, learns to cope and others do not? This study also addresses the difficulties of children in school who have been sexually abused and cites others who have documented this as well (Byles, 1980; Defranchis, 1969; Peters, 1976; Reich and Guitierres, 1979). In citing Byles (1980), Brier states that Byles may have one answer for how some girls "adjusted to their experience" and therefore did not make it into university population. The adolescents in Byles' study had coped by running away, many also had property offences, sexual intercourse, substance abuse and suicide attempts. He also found that less than half had either registered in or attended high school. These behaviors occurred both before and after being placed in a child welfare system.

Runtz and Briere suggests in their study that all those who come in contact with adolescents who are "acting out" must seek the underlying causes for the behavior. Intervention at an early level might well aid

in preventing some of the long-term damage seen in adulthood from childhood sexual abuse.

In The Effects of Childhood Sexual Abuse on Later Psychological Future: Defining Post-Sexual Abuse Syndrome, John Briere (1984) cited many studies which view sexual abuse as harmful, and in his own study attempted to remedy the design weakness inherent in some studies which leaves their conclusions open to criticism. Briere hypothesized that women who had experienced sexual abuse as children would present a "specific pattern of symptomatology, characterized by multiple dissociative experiences, anger, self-mutilation and self-destructiveness, substance abuse, and alterations in sexual functioning . . . sexual abuse was defined as any sexual contact between someone under 15 and anyone five or more years her senior who was at least 16" (p.4).

The random sample consisted of 153 female "walk ins" who came to a counselling service program located in a Community Health Centre. They were evaluated in the service's usual assessment protocol and categorized into two groups: "history of childhood abuse before the age of 15 versus no history of abuse." The average woman was 28 years old and single. Age for those abused was 27.1 as compared to 28.3 for non-abused. They were compared on 31 different variables. Of the 153 women, 43.8% reported childhood sexual abuse. This group presented significantly higher than the non-abused group in taking "psychoactive medication (27% versus 11%), drug addiction (21% versus 2%), victim of battering in adult relationship (49% versus 18%), and to have made at least one suicide attempt in the past (51% versus 34%)" (p.5). In

addition, despite the passage of up to 13 years in most cases, experiences of nightmares, sexual dysfunction, and fear of men and women were significantly greater for these women than for those in the control group.

The results in Briere's study indicate a major presentation of symptoms in those women with a history of childhood sexual abuse. Henderson's (1983) position on the other hand holds that "people who become involved in incestuous behaviors are often psychologically damaged before the fact, so that if they show subsequent evidence of psychological impairment, the incestuous behavior can be as plausibly viewed as dysfunctional attempt at solving problems" (p.34). This is not a commonly accepted view of sexually abused victims.

Briere presents the following points to support his position as opposed to that of Henderson. He cites Herman (1983) and Finkelhor (1979) as giving the age of nine or ten when the first experience of sexual abuse occurs. (Author's note: There have been reports of infants and others as young as two months old in recent criminal charges.) Briere's view is that children in this age group would have neither problem-solving awareness or ability, nor would they have developed such complex pathology as Henderson refers to. Briere also refers to Jehu and Gazan's (1983) review which reported that "as many as one-third of all women have experienced sexual victimization as juveniles" (p.75). Clinical findings from sexual abuse victims is not congruent with the idea that they seek out or plan their own abuse. Research findings do not support this either (Finkelhor, 1979; Gagnon,

1965; Landis, 1955). Their research reports that most children experience fear, shock and confusion. One would not expect to see this if the action had been planned by the victim. Henderson's view, however, was, since in most cases, it is only after the fact that the victimization comes to attention, one cannot assess the psychological state before. Therefore, one cannot state that the extent of the problem may be due not only to the sexual exploitation of the victim but to other circumstances which may have been present as well. Briere rejects this view and cites Finkelhor, 1979; Jehu & Gazan, 1983; Tsai, Feldman, Summers & Edgar, 1979 in support of his statement (p.10, 11).

Briere states that given the mean age of abuse victim in his study was 27, one can assume that the reported trauma was relatively chronic. He sees the abuse victim as having learned coping behavior which disrupts the normal pattern of development and which may persist into adulthood and be seen as a personality disorder. He refers to Millon's (1981) "view of personality disorders as patterns of behavior, learned as a coping response to negative family interaction, which became inappropriate in later adult life yet continues to persist" (p.11).

Briere looked at the results of his study and others and developed what he defined as Post-Sexual Abuse Syndrome (P.S.A.S.) and compared this to symptoms presented and used to diagnose "Borderline Personality Disorders" as defined in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (D.M.S. III: American Psychiatric Association, 1980) (p.12). Briere concluded that the relationship between "Borderline" symptomatology and P.S.A.S. was significant. Yet the prognosis for those diagnosed as "Borderline" without finding out

whether sexual abuse may be underlying their symptomatology is not optimistic. They rarely get any better and this may partially be due to a lack of recognition or treatment for "Post-Sexual Abuse Syndrome."

Briere concludes that among mental health professionals there is an absence of training and interest in abuse traumas. Referring to the fact that 44% of this sample reported sexual abuse in childhood, this may be a "core" victimization in the client's early life and, if so, is relevant to other female client population. He stresses a need for greater awareness among professionals for recognizing this "core" as this would hopefully lead to a more accurate diagnosis and effective treatment.

Jehu and Gazan in their 1983 paper, Psychosocial Adjustment of Women who were Sexually Victimized in Childhood or Adolescence, state that "as many as one-third of all women have experienced sexual victimization as juveniles, and a range of emotional, inter-personal, and sexual problems appear to be frequent among these victims" (p.41).

In their paper they use Finkelhor's (1979) term "Sexual Victimization" in the review of studies they selected to illustrate the variety of issues present for women who have been childhood victims. The term used describes sexual experience between juveniles and older persons. It is viewed as exploitive because of the presumed relationship of the juvenile to the older person, the juvenile's lack of sexual sophistication, and the assumption that the juvenile cannot give informed, competent consent to whatever the sexual activity is. The age-description criterion is a major factor: sexual activity with a

child 12 or under with the older person being five or more years older; sexual activity between 13 to 16 years old with a person at least 10 years older. The activity ranges from exhibition of genitals by the offender to sexual intercourse with or without physical force. For clarification, all of the studies they cite do not fit the above description but do give evidence of the widespread incidence of sexual abuse.

Jehu and Gazan cite Herman's (1981) review of major surveys which ". . . concluded that they are remarkably consistent in showing that one-fifth to one-third of all women reported that they had had some sort of sexual encounters with an adult male. Between four and twelve percent of all women reported a sexual experience with a relative, one in one hundred reported a sexual experience with her father or stepfather" (1981, p.12). These surveys were done in the United States. Canadian data since the time of this paper would indicate a similar number for sexual victimization of women in Canada. While survey reviews illustrate adult adjustment problems among many victims, caution is indicated in assuming that all of the difficulties are due to sexual victimization. Other experiences that may have played a role are "family discord, disruption, parental blaming of the child for sexual victimization" (p.72). One must also remember the importance of the immediate response to the disclosure by parents, police and social agents. Again, self-selection into these groups of adult women because they have sought treatment and therapy or who may be involved in some social agencies or institutions must also be taken into consideration. Finally, the lack of control or comparison samples of non-victims is

another factor to be considered in looking at the significance of the maladjustment.

Even when one applies the above cautions, one must still recognize that there are problems common to all victims. These problems may manifest themselves in various ways. One specific area is that of emotional adjustment (Courtois, 1979; Herman, 1980, 1981; Meiselman, 1980; Tsain, Feldman-Summer, and Edgars, 1979). This is evident in those seeking treatment for problems of guilt, low self-esteem, and depression (p.73). Each of these problems arise from the destruction of self-image, and the victims' "secret core" may become their identity. The self-image becomes one comprising guilt and evil.

> In Meiselman's (1978) study of 26 father-daughter incest victims and a control sample of non-victims, both groups being in psychotherapy, depression was diagnosed in 35% of the victims compared with 23% of the non-victims. In Herman's study of 40 father-daughter incest victims in psychotherapy, 60% exhibited major depressive symptoms (p.73).

Another common problem is that women who were victimized as children are significantly more likely to be sexually dysfunctional and to be less satisfied with their sexual relationships, but this is not a universal finding. Even though there is wide variation in individual adjustment of women who were victimized, how the adjustment evolves may be as a result of the following:

- age of the child victim;
- duration of the victimization;
- nature of the sexual activity;
- perceptions of the woman concerning her feelings at the time and perceptions of its effect on her life; (Jehu & Gazan, 1983, p.80).

Even though some victims grow up to become women with strengths, such as responsibility and caretaking (taking in runaway teenagers, attempting to make sure that this does not happen to their own children), Herman (1981, pp.105, 106, 108) sees victims of incest in this particular manner:

> Archetypally, feminine women: sexy without enjoying sex, repeatedly victimized and yet repeatedly seeking to lose themselves in the love of an overpowering man, contemptuous of themselves and other women, hardworking, giving and self-sacrificing. Consumed with inner rage, they nevertheless rarely cause trouble to anyone but themselves (Jehu & Gazan, 1983, p.81).

This kind of psychological damage demands consideration from our society. The Department of National Health and Welfare in September, 1983, awarded a national welfare grant of approximately $156,000 to be used over a three-year period for the further development and evaluation of a treatment program for adult women whose problems are associated with their having been sexually abused as children or adolescents. The program is to be carried out in the Psychological Service Centre, University of Manitoba. It is hoped that this program will alleviate some of the suffering of the estimated 6,000 women in the City of Winnipeg who have experienced sexual abuse as children.

Another effort at the federal government level was the formation of the Committee on Sexual Offences Against Children and Youths to examine the problems of abuse and exploitation of children. The following information was gathered from Sexual Offence Against Children, Volume 1. While it is difficult to extract from a two-volume report (1314 pages), and an 80 page summary, the points most relevant to this study, I have attempted to do so briefly.

The charge given the committee was "to enquire into the incidence and prevalence in Canada of sexual offences against children and youths and to recommend improvements in laws for the protection of young persons from sexual abuse and exploitation . . .," to obtain "comprehensive factual information" about these issues and also to "examine the problems of juvenile prostitution and the exploitation of young persons for pornographic purposes" (p.3).

In its summary the Committee states that in its research design it endeavored to obtain information that would identify specific "types of sexual acts committed, the circumstances of the offences, the characteristics of victims and offenders and the types of services provided by public agencies" (p.10). Empirical documentation was one of its aims.

Numerous surveys were done, some of which are briefly described as follows. In February, 1983 the Canadian Gallup Poll obtained information from 2008 Canadians with an age range beginning at 18 and residing in 210 communities. It was considered to be a statistically valid representative sample for the National Population Survey (p.15).

In addition there was also a National Police Force Survey. The purpose in surveying the various police forces was to determine and document their role in "detection of sexual offences against children" plus the "enforcement of civil and criminal law." In obtaining the information the "general occurrence form" was used because it usually gives an extensive and detailed account of the particular offence (p.16-17).

Information was also obtained from Statistics Canada which gives "a special tabulation of 156 homicides having children as victims between 1961 and 1980 that were listed as being sexually motivated or that had involved sexual assault" (p.17).

A legal review was done of provincial and territorial legislation focusing on how each province statutorily defined "a child in need of protection."

In the National Child Protection Survey, 1438 cases of child sexual abuse were used to gather information pertaining to "their social and family circumstances, the offences committed, and the assessment of provision of care and assistance provided 'by child protection workers.' In addition information was gathered regarding 'the duty to report' . . . child abuse registers . . . philosophically different intervention approaches" as assistance was rendered (p.18).

A National Hospital Survey was done which involved "11 major hospitals in eight provinces." Information was gathered from "all reported cases of child sexual abuse which had been medically assessed and for which treatment had been provided between January 1, 1981 and June 30, 1982;" 623 cases were involved (p.19).

In an attempt to obtain information from individuals and groups regarding sexual abuse the following notice was published in 23 daily newspapers which were estimated to reach 3.7 million readers.

> We welcome letters and briefs from children and youths who have been sexually abused, as well as from adults and associations concerned with these problems. We also welcome recommendations on how better protection can be provided (p.25).

From this media notice 253 written submissions were received and were broken down in the following manner:

> Half or 49.4% were from victims of sexual abuse, or who had known victims or who were just concerned about the issue. A third (30.9%) came from those who were of associations or professional workers. Approximately one in five (19.7%) were received from volunteer associations and community groups (p.25).

This most recent gathering of information gives a better indication of victimization. The conclusions based on this data will be discussed later in this thesis. It is helpful to look back and see what progress has been made since the early 1970's with regard to the prevalence of sexual assault, especially in children.

Professional medical journals began reporting research reports on child abuse towards the end of the 1970's. The following information lists the studies reported in Sexual Offences Against Children, Vol.2.

1951 - 1971 Winnipeg Child Abuse Study

This was the first study of its kind in Canada and although it was a very detailed report describing the experience of 132 child victims of physical abuse who had been treated, there was no separate reporting of sexual abuse; one child was reported to have had a torn rectum but cause of injury was not identified (p.649).

1965 - 1967 Edmonton Rape Study

The Edmonton Police Force referred 100 sexually assaulted females for medical examination between July, 1965 and January, 1967. Out of this number, there were 38 girls who were 15 years of age or younger. Children's injuries were not reported separately. "For all patients, it

was reported that five had suffered bruised extremities, four had contusions and 14 had lacerated hymens" (p.649).

1966 - 1970 Nova Scotia Child Abuse Study

There were 59 cases of child abuse identified in a five year period but only one identified as sexually abused and with no particulars provided (p.650).

1972 - 1976 Toronto Child Abuse Study

At the Hospital for Sick Children, years 1972 - 1976, "50 were selected for indepth analysis,"

> Age and Sex--of the 50 children, 42 were girls and eight were boys. The average age of the children was 8.1 years.
>
> Identity of Suspect--. . . 25.5 percent were a family member or a relative, 41.8 percent were friends or acquaintances, and 32.7 percent were strangers (p.650).

1976 - 1979 Ottawa Child Abuse Study

At the Children's Hospital of Eastern Ontario (Ottawa) in a two-and-a-half-year period, 31 sexually abused children were referred to the gynaecological outpatient service.

> Age. Of the 31 children, 12 were 12 years or younger and 19 were between 13 and 17 years old. The sex of the children was not reported.
>
> Identity of Suspect. In 84 percent of the cases, the identity of the suspect was known (family, 36 percent; neighbours, 32 percent; and peers, 16 percent) (p.651).

1977 - Ongoing, Montreal Child Abuse Study

The initial research included "125 sexually abused children . . . but was subsequently extended . . . to 407 young patients who had been seen by the end of 1981." Follow-up studies of 107 of these children along with their families for "13 months after the offence had initially been reported to the Hospital" continued. The following data is based on the initial 125 children.

Age and Sex. Most of these patients were females (119 girls, six boys); 56 of the children were age 11 or younger, and 65 were between 12 and 17 years old.

Sexual Acts. Of the 56 children, 80.4 percent had had their genitals touched and 10.7 percent had been a victim of sexual intercourse, while for the 69 adolescents, the proportions for these acts were 31.9 and 44.9 percent respectively.

Identity of Suspect. The suspect was not known in relation to 39 percent of the children and 46 percent of the adolescents. Of the 64 suspects who could be identified, 36 were age 20 or younger (p.652).

1977 - 1978 Toronto Child Sexual Abuse Study

Utilizing the Emergency Department records in the Hospital for Sick Children in the years 1962, 1977 and 1970-78, 843 sexual abuse cases were identified by year, the largest number of cases being seen in the following years: "1970 (95), 1971 (97), 1978 (96)." An approximate average of 76.6 were reported per annum. From the hospital charts for 1977-1978 full information was available for 164 cases, and a more detailed review was undertaken for these.

Age and Sex. Of the sexually abused patients who were seen between 1977-78, 89.4 percent were girls and 10.6 percent were boys. The average age of the children was 9.8 years.

> Identity of Suspects. In two of three cases, the children knew their assailants (close relatives, 27.6 percent; friends, acquaintances, 38.5 percent) (p.653).

1980 St. John's Child Abuse Study

This team for child protection was composed of two physicians, the Director of Ambulatory Services, a social worker and a representative of the provincial Department of Social Services. Although this team was initially established to review suspected abuse cases which were to be admitted to hospital, it later included external referrals. In 1980, a six-month review was compiled of the 78 children seen during this time.

> The team dealt with six cases of sexual abuse--four were girls and two were brothers. Five of the six were over ten years of age and the sixth was eight years old, and thus, were able to tell someone that they were being abused (p.654).

The data obtained from the surveys and studies indicate that more complete documentation is needed on each individual case in order that the case and protection given to each victim can be assessed so that a more comprehensive response protocol can be developed.

The Committee on Sexual Offences Against Children and Youths

> acknowledges that the clinical research studies contain relevant information about certain dimensions of child sexual abuse. These sources, however, provide insufficient documentation upon which valid conclusions can be reached about: how many sexually assaulted children are treated by physicians; the usual types of clinical services provided for them; how they may have been injured; or the types of medical and social services required to provide these patients with more effective protection (p.657-658).

Herein lies again the problem of what becomes of the victim after disclosure. It is well documented that sexual abuse in Canada and the U.S. is pervasive and deep-rooted. In recent years the media have

focused on increasing public awareness, and reporting is on the increase. The incidence of abuse is on the increase as well. The Committee also found a breakdown in the follow-up care for the victim;

> . . . it is evident that three distinctive groupings of sexually assaulted children and youths are served respectively by the police, hospitals, and child protection services . . . The general findings of the Report consistently underscore the need for a more comprehensive and integrated approach to the care and protection of sexually assaulted children and youths (p.230-231).

The need for cross-referral and integrated case management is evident in the Committee's report and in my own experiences as evidenced in the case study which follows.

CHAPTER III

CASE STUDY

Responsible intervention in response to disclosure of sexual abuse became a very real problem for me in my job as a high school counsellor on February 6, 1984. The following case study illustrates the difficulties I encountered as I worked with a victim of sexual abuse without having previous knowledge and expertise in the specific field of sexual abuse. I quickly learned that I had a very naive view of the way in which our various social and legal systems fulfill their responsibilities. The case is written as it unfolded. The case is that of a 15 year old girl who shall be referred to as "Betty." However, since Betty has a twin, "Bernice," and since at least some of the interaction to be discussed involved this sister, reference will also be made to Bernice. They both attended the high school where I was a high school counsellor.

The study covers one and one-half years. Data consists of my case notes pertaining to Betty, and notes from contacts with social service agents, police and various others involved in the case. I have attempted to preserve confidentiality for all those involved in this case.

For the sake of clarity I have provided labels or titles for the different phases of my contact (using as a reference point the actual disclosure of the molestation). They are:

- o Pre-Disclosure Contacts
- o Disclosure and Immediate Events
- o Post-Disclosure Events
- o Preliminary Hearing-Events, September, 1984
- o Epilogue

Pre-Disclosure Contacts

Initial Contact with Betty

The date of the first contact with Betty was October 11, 1983. Prior to Betty's referral to me, her teacher had referred Betty to the vice-principal because of her strong antagonistic and hostile behavior in class towards the teacher and her fellow students. At this time Betty was also refusing to do any work in class. Betty was 15 years old and was dressed in rugby pants, shirt and jacket, all in grey and blue colors, and tennis shoes. She wore no makeup and her brown hair was uncurled. There was nothing about Betty's appearance to indicate that she was a female. Her clothes fitted in such a way as to conceal her physical structure but she was solidly built, of average height and perhaps a bit overweight.

Betty's non-verbal communication (sitting in the chair with her back to me), did not invite communication. During the course of the interview, she would answer only direct questions, and only after long periods of silence. Sometimes she would turn and make brief eye contact as she made a hostile response.

I attempted to gain some insight into her present behavior, beginning with general questions about her family. Betty told me her mother thought she needed professional help and that her mother "had given up on her." I asked if she had seen anyone for counselling. She told me that the preceding October the whole family had gone for counselling but that it had not helped. I attempted to explore this but she would not answer further. I again asked about her family. She told me her mother and real father had divorced when she was about three and she had not seen her real father since she was about five years of age. I learned that she had a stepfather and a twin sister, Bernice, whom she said bossed her around. "I used to get into fights all the time. I still beat up George." (George is an 11-year-old foster child who had been living in the home for approximately one and one-half years.) She told me that she beat up George that morning because he would not feed the cat.

I shared with Betty my feeling that she seemed sad. Her response was, "I don't know how I feel about anything nowadays, I felt this way since last Christmas." She also explained that her brother (in reality a stepbrother), was murdered two years prior, when he was 21, that he stole guns, cars, etc., and that he was murdered in prison, but, "we were close."

I asked Betty if she knew what made her mother feel that she needed professional help. She replied, "Because I stay in my room all the time but if I do, then the problem can't get worse." She also stated that, "I think of myself as a boy" and when I asked what makes you think of yourself that way, she replied,

> Because I ride motorbikes, snowmobiles and I help Dad (referring to her stepfather). Sometimes when I help him I get him so upset that he will send me to the house. Sometimes it makes me feel good, like I showed him that he'll have to do it by himself.

After making this statement Betty then would not go any further with comments about her stepfather. She stated, "I do not want to grow up and don't want my door closed when I'm sleeping." But again she would make no further comment. I asked her if she could tell me about a time when she had been happy recently. She then told me the name of a female teacher she had last year and said, "She makes me happy." Our time was up and I asked her if she would come back to see me again. She said she didn't want to be there and she didn't want to see me. I suggested we make an appointment and that way we could have more time, but that she could make her own decision about keeping this appointment. I also indicated that I would be glad to see her at any time.

Examination of Cumulative Record File

I wanted her to come back as it appeared there was a great deal happening in her life, but felt that if I did not give her some choice, I would have no chance of establishing any rapport with her to assist her in counselling. It was very difficult to get her to reveal her underlying feelings, or even to get her to talk very much. When she left, I located her Cumulative Record file which contained the following information.

Grade 1:

Betty was assessed using the Stanford-Binet Form LM; her chronological age was 5 years, 10 months. Her mental age was 5 years, 8

months. Her I.Q. was 97. The results placed her in the average range of mental ability and it would seem that she was doing well for her age. According to the conclusions of the assessor, Betty seemed to be functioning at the average rate of ability. She did have a tendency to give up before she tried, which may appear to be stubbornness, but may be more of an expression of her insecurity. She responded well to praise. She was young for Grade One and wanted to do well. It is very important that a child with her emotional makeup be given an opportunity to attain success in school in order that she not withdraw from it. There was no information to indicate why the initial contact was made or why the testing was done.

The next relevant information was in the form of comments made by her teachers. They are listed as they appeared in her file.

Grade 3:

- needs to concentrate more on her work
- seems to become easily frustrated
- poor attitude and temper prevent her from doing the best that she can
- has shown some improvement in attitude and effort put into classwork
- complaining less and enjoying classwork more
- could participate more willingly in physical education and have a more positive attitude

Grade 4:

- Betty is going to have to learn how to control her temper on the playground

Grade 5:

- Betty is conscientious worker and her work is always neat and organized
- lack of confidence is her greatest hindrance
- seems to have gained confidence and has been successful in some skills
- experiences most difficulty in getting main idea and locating answers
- family help is requested and access to a library is recommended for summer
- keep trying
- she has to try to do her best at all times
- without concerted effort on her part, there is a possibility that she will not complete grade 5
- interview with parents requested (no indication that this took place)

(As I later learn from Betty, it was during this year that sexual abuse began.)

Grade 5 (repeat):

- Betty is working a little harder this term
- is putting more effort into work
- progressed into grade 6

Other events during this year however concluded with Betty being placed in an "Improvement Program." Her grades on final report were all C's, D's and one A in spelling. Assessment was done at the request of her language arts teacher because Betty was experiencing particular difficulty in comprehension and was perceived as having a negative attitude toward school. Assessment findings are as follows:

The results with the Wechsler Intelligence scale for children--

revised ranked her mental ability in the low average (dull) range. (V=79, P=102, F.S.=89±5). Scales subtest scores were:

VERBAL		PERFORMANCE	
Information	6	Picture Conception	11
Similarities	6	Picture Arrangement	11
Arithmetic	6	Block Design	9
Vocabulary	8	Object Assembly	11
Comprehension	7	Coding	10
(Digit Span)	(9)		

The wide divergence of scores in the auditory-vocal area as compared to the visual-motor area may have been an indication that she may experience considerable difficulty academically.

In the auditory vocal area, her scores were predominantly in the borderline range. Her personal strength appeared to lie in her immediate auditory memory.

All of her scores in the visual-motor area fell within the average range and were well clustered.

No indication of visual-perception problems was evidenced in work with the Bender Motor Gestalt Test.

Based on the results of these tests, it is recommended that she be considered for immediate placement in the Special Help Room. It is recommended further that she receive counselling.

In the regular classroom situation, the following suggestions may prove useful:

1. conduct instructions and discussions in short concise terms and sentences; proceed only when initial instructions have been grasped; attempt where possible to make steps in instructions or directions small and sequential.

2. make available reading materials of interest and suitable level.

3. stress much discussion when dealing with abstract terms such as freedom, minority group, etc.

4. plan opportunity for many classification activities.

5. frequently discuss similarities and differences.

6. encourage use of concrete materials in mathematics.

Betty was placed in a Special Help Room, but there is no indication that any counselling took place other than at school.

Grade 6:

- Betty does not socialize well with other students
- she is a bully, bigger than most students and physically orders them around
- does not have any confidence in herself
- needs constant attention and encouragement
- violent temper, very stubborn
- makes her views known on anything, particularly if they are unfavorable

May 11, 1981 comments by school counsellor:

> Betty seems to have a low self-image which tends to color all of her relationships. She frequently presents a tough, callous exterior which can only be alienating to both teachers and students. She frequently requires much individual help but seems both unable or unwilling to either ask for it or accept it graciously. She gives the impression of being extremely stubborn and intractable. She responds well to a calm, firm, low profile approach. She frequently tests limits and seems to need them to be consistently applied. Her likes and dislikes can be very strong and resistent to change even after they have been established. She seems to appreciate having an explanation of situations and decisions before they arrive. Many difficulties can be short circuited if anticipated and discussed with her in advance.

Upon reading this, and because this counsellor still works in the school system, I phoned to see if she recalled this student or could give me any further information. The counsellor recalled Betty and still had some notes and shared the following with me:

- <u>Projective Tests</u> which seemed to indicate a lack of acceptability and the following:
  - approached things in a concrete fashion
  - drew the male first, scribbled out the face of the female

- shading (anxiety?)
- drawings seemed to indicate need for approval
- no hands on either male or female

- Thematic Appreciation Test
  - fear of loss of love
  - need for approval
- Family Relations Test
  - ambivalence to father
  - negative emotion to twin sister
  - self-response, negative, perhaps ashamed
  - sister seems to be seen as dominant figure

The counsellor stated that in many of the tests, there seemed to be a strong need for approval, but Betty seemed indulgent to her own desires and presented herself as being stubborn and unimaginative.

I thanked her for sharing her impressions with me. I continued reading the file.

Grade 6, Improvement Program:

(Betty achieved A's and B's, I don't know if the improvement was due to the lower level placement and I suspect she was placed there because of her behavior.) The first teacher comment was very general, then;

- behavior tends to be disruptive in class, hopefully this will improve with new homeroom teacher
- behavior has improved in last two or three months
- attitude towards school and most importantly towards herself has improved greatly, other teachers have noticed same

Grade 7, Improvement Program:

- marks of B's, C's and some A's
- good work habits when chooses to work
- is capable but must get over being so stubborn
- excellent improvement shown in attitude, more work required in reading and language
- efforts have started to slide with some refusal to do assignments
- Betty was assigned to Academic Occupations Program for next year.

Reading these comments and hearing the comments from the other counsellor evoked many questions in my mind. One concerned Betty's present self-concept, as well as the impact of the education system and her home environment upon the formation of her present behavior.

Second Contact with Betty

Betty did come to her next visit which was on October 14th, but only because her teacher insisted. She was very reluctant to be in the counselling office, and it was difficult to get her to talk. We did eventually have a discussion about the wall she seemed to have built around herself. Betty stated that it was to keep her in and other people out. I questioned if this was not lonely for her, especially since she was spending so much time in her room. Betty stated that she was not lonely, that she liked it in her room. I was not convinced, and in fact, privately I did not believe her. I asked Betty what it was that was making her so sad, as she appeared sad to me. She stated that she could not talk about it at this time. Betty said that the happiest time she could remember was her teacher from last year inviting Betty to

go to a waterslide with her and her children. I asked what made her so happy about this. She replied, "Because I was asked." During this visit Betty sat with her body curled in the chair and with her back to me most of the time, sometimes changing from this position to leaning her head forward, resting her head in her hands with elbows on knees.

This time Betty insisted that she did not want to see me and was not going to come anymore. She was also adamant that I not talk to her mother or her teacher from last year. I had asked her permission to do this. I agreed to abide by her wishes, and said that I would not contact them unless she gave me permission to do so. I felt this was important in trying to establish some bond of confidence and trust with her. Betty would not allow another appointment to be made for her. I again assured her that I would be glad to see her at any time, but the choice was hers. After this visit, I reported back to the referring teacher. I felt it would not accomplish very much to force Betty to come to see me and suggested to the teacher that we wait to see if she would come again of her own volition. I suggested that if the teacher could find some positive comments to make about Betty's work and behavior, it would be very helpful for her self-confidence. The teacher questioned whether she should phone the mother but I encouraged her to try to work with Betty without contacting the mother if possible, and I asked her to keep me informed about Betty's progress.

During the next few weeks this teacher and I discussed Betty often and she seemed to be settling into class better, but she did not come back to see me, and I did not force an appointment. I was concerned for Betty but I still felt that to force her would not accomplish very much

in the way of cooperation, trust, and especially further possibilities for change.

I was away from school from November 13th until after Christmas Break due to surgery. During that time I was replaced by another counsellor. Before I left the school I reviewed some of the students I was most concerned about with the counsellor who was going to replace me, and Betty was one of those students. During my time away I remained in contact with the counsellor by phone. The following is taken from her notes.

Contact with Substitute Counsellor by Betty

The first visit was on December 12, 1983. Betty was referred to the counsellor this time by the vice-principal. The counsellor indicated that Betty was not very responsive during this visit, that she did talk a little bit about home, about hating her stepfather and a problem with a boyfriend. Betty was "grounded" at the time and the boyfriend had left town and was living in Calgary. Betty talked a bit about her brother who was murdered in jail and perceived him as her only friend. Betty also talked about living with her grandmother and going to school somewhere else. Betty was very negative about everything. During the time of the interview there were long silences. From the counsellor's notes the next visit was December 16, 1983. At this time an attempt was made to get a little more specific information about what was happening to her at school and at home. Betty stated that at home things were relatively quiet. She spent time in her room, and didn't

really socialize with the family members. Betty gave lots of responses to questions that indicated feelings of hopelessness and helplessness. Betty stated that she hated her dad (her stepfather), that he never changed his mind and she didn't see the point of coming to counselling. She indicated that she never talked. In relating to the statement that she never talked, the counsellor conveyed the idea that it was okay just to sit, that it was a safe place in the counselling office, and that sometimes it is hard to begin talking about something that is very private. Betty mentioned that her mother indicated that Betty was going to go crazy because she was locking herself in her room all the time.

The counsellor talked to her about the self-fulfilling prophecy, and how one can know when one is okay and how one can become more certain after a period of time. She stated that Betty made visual eye contact a few times and that seemed to be some indication of progress. In trying to establish some consistent rapport, there was miscellaneous conversation about music that Betty listened to and some activities that she might do in terms of athletics. She seemed to like the idea of athletics: the counsellor and Betty discussed doing something at home such as lifting weights, but Betty indicated that when she had asked for weights her stepfather had said that it's not for girls. Intermurals were discussed, but Betty did not have any particular ambition in this area. She didn't seem to want to leave on that particular day but she didn't have very much to say and again, the ambiguity of not knowing whether she wanted to continue coming for counselling was apparent. The counsellor indicated that she would make the appointment but if she didn't choose to come, that she would understand. (I had indicated to

this counsellor that it was important for Betty to feel that she had some control and some choice in the matter for herself.)

December 20, 1983 was the next visit. The counsellor indicated in her notes that Betty came in and at first sat with her head down, hands on lap, a rather closed position. During this visit she also indicated that it was difficult to engage Betty in any verbal exchange although there was some eye contact. The counsellor, in general conversation, attempted to convey to Betty that she, the counsellor, trusted and had confidence in her and Betty seemed to respond as she expressed a desire to come to see the counsellor again before Christmas holidays. This did not happen, therefore the above was their last visit.

Re-establishment of My Contact with Betty

I returned to work and the next visit was January 10, 1984, after the Christmas holidays. Betty came in apparently in a cheerful mood. She had a new permanent and she looked much more pleasant than she had before. She also brought in some drawings. I had encouraged her to continue her drawing and persevere in her graphics arts course as I perceived some ability in this area. Betty casually mentioned her previous visits and on her own initiative made a follow-up appointment.

The next visit was on January 27th. That day Betty stated she was not going to come back anymore "because it doesn't help." I explained to her that nothing was going to help unless she shared with me "some of that bag of stuff" she had collected over the years. Betty told me at this point "It's on your board." I looked at the "board" which was a

bulletin board in my office with newsclippings and brochures, and I made the comment to her that most of the things on my board had something to do with sex, assaults of different kinds, incest, and some posters about women in work, wife battering, drugs, alcohol and some posters about juvenile delinquents. I referred to the board and asked "Is it about this particular thing, is it about sex?" Her answer was, "No." I continued to go over a list of items that were on the board and she wouldn't say which item, if any, she was referring to. I asked her if she could draw it out for me and she said, "No, there isn't enough paper to draw it, it's too much." I asked her then if she could write it out. She replied, "It is still too much, there isn't enough paper." I said, "Okay, then just draw or write me one piece of it. Just get one piece out of your bag. If you can't empty the bag all at once perhaps we can just get one piece out at a time and that in itself will make you feel better, but it's your decision." I again tried to communicate that I could only help her if she was willing to help herself, and until she shared with me what it was that was underlying some of the aggressiveness, the anger and hostility in her behavior, there was not really very much that I could do.

I chose to use a more direct method of confrontation as I felt our relationship of trust was sufficiently strong that I could gently, but firmly, demand more work on her part in order to move the counselling process forward. I also knew this would increase the struggle that seemed to be going on within her. It was my perception that she had made a decision, having support available from me to encourage this, but that to change what was apparently destructive to her she needed

stronger encouragement to act on her decision. Because of the fact that we had a semester break and mid-term exams and that I was away on a conference, I did not see her again for a little over a week. I had given my secretary instructions to explain to her where I was if she came in and that Betty could call me at home if she so wished.

Disclosure

On Monday, February 6, 1984, upon my arrival at school, Betty was in my office crying. She had seen my secretary in the hall and told her she must see me immediately. Betty stated that she and her dad had had a fight that morning. She had bruises on her right cheek and eye, and her lip was cut and bleeding. She was crying in a hysterical manner and gave me a blue notebook in which she had written out some things for me over the weekend. Apparently her stepfather noticed some change in her because he had said to her "if you tell I will go to jail." He had caught her while she was writing but she had grabbed her work and hidden it, and would not show it to him. Also on this morning of the fight, he told her he would kill her if he caught her and she ran from him to the road and to the school bus.

The notes which she gave to me, written in a blue notebook begin with "Dear Jan," and are paraphrased as follows: she had thought about what I had said regarding the emptying of her bag and how it was only possible for her to do it by writing in her book. In so doing no one but the two of us would know about it. She said that she might as well begin when she was three and continue to the present. When she was

three she had a tube put in her throat, but could not remember what it was called and the name was not important. In referring to the time when her real dad was in the family she stated they had gone riding and swimming; things which she had perceived as fun, but if she came to the supper table with dirty hands she would get "a licking." She stated that he was never fair to her mother, with the exception of when he wanted something. Betty recalled the day her mother had said that she loved Betty's father, but then they were divorced before she knew what had happened. After the divorce the mother and children moved in with the maternal grandmother for a while. During this time Betty indicated that her father phoned but that she did not know why. She only knew what her grandmother had told her. Apparently the grandmother conveyed the message that the father called because he wanted to find out what Betty's mother was doing, and if she was taking good care of the children.

Betty recalled how her mother had met her present stepfather. Betty's grandmother had invited some friends to her house and one of Betty's uncles had brought along one of his friends and introduced her mother to this friend. Betty presumed that this man and her mother had developed some relationship after this but was unaware of any details.

Betty, her mother and her sister eventually moved in with this man who had a son. This son, "Joe" was 9 years of age when Betty met him. She perceived the son as not liking the fact of their moving into his house, and stated that because of this Joe ran away to his mother in another town. His mother did not want him so they had brought him back from the mother to their house. Betty indicated that Joe stole cars,

guns, money, anything he could get and would then sell these things. In addition, he did not stay at home very often nor did he attend school on a regular basis. Betty stated that he would alter his marks on his report card, for example, changing F's to D's. She said that because she wanted to be like Joe, she did what he did and changed hers also, even though she knew it was wrong. At this time she thought he had accepted the situation because he had finally gotten a good job.

However, one day, Joe had come home from work and stated that he really did not like their being in his home. He also stated that if they did not leave, he would. Joe did leave and Betty felt bad about this but stated she did not know what she could have done to make things any different as she was approximately 7 years of age then. She recalled that when Joe returned she was about 10 or 11 years of age. This was at Christmas and Joe was apparently out of jail on a pass for the holidays since he was to return to jail after Christmas. Betty did not indicate when he had gone to jail. It was not clear in her notes whether it was at this time that the two of them stole a car or not. They stole a car which apparently would not operate efficiently so they ditched it along the road. She stated they were grounded for a long period of time, but she did not care since she had no place to go anyway. At this point in her notes, for the first time, she refers to Joe as her brother. She states that Joe got into more trouble and was in jail in Manitoba. She states that he was fatally stabbed in prison with only 2 1/2 years left in his sentence. The body was cremated, the funeral was held in their home and his ashes spread over a bank at their

house. Betty thought they might be moving soon and she did not want to leave him alone with people he would not know. She expressed that she loved him because Joe was her only brother but felt that at the time she was the only one who did. She states that his death was two years ago and that each Christmas she cries for two weeks before and two weeks after the date of his death. Betty's mother had told her that life must go on no matter what happens.

Betty then stated that she does not know how to tell me but on the occasion when she told me that something "terrible bad" had happened to her, she was trying to say that she had been (she capitalized each of the letters of the word) MOLESTED. She stated she was very afraid of telling me. She was afraid of being left alone with him and also afraid to go near him as she was afraid of his grabbing her and of what "terrible things" he would do to her. She then wrote:

> Jan I'm scared. I know you want to help me and I know that I need help. Jan I want help but I'm afraid to get hurt all over again. That's why I don't want to go back to see you again. I know eventually that I would tell you that it happened. I was afraid that I was the only one that it had happened to. Jan when you said that you want to get to know me, well I'm afraid you can't. This little bit that I wrote should fill you in. If this isn't enough well I'm sorry. I've said all I can on paper. You should be glad that I've did this much. I don't go out everyday and write this kind of stuff down on paper. I'm usually quite ashamed with myself.

Betty then said that her parents had gone on a holiday and had left a young woman in charge. Betty and her sister had gone to a team sport practice on several occasions. One night after a practice session Betty began drinking and probably had intercourse with one of the male team members. (This is the essence of what was more detailed in her notes.)

She stated her parents were very upset when they found out about the drinking and staying out late. However, her mother had only said that if she wanted to drink that she should do it at home where she would be under control.

Betty ended her notes with:

> Jan, I hope you understand this. But you've always encouraged me to say what I feel, and that's exactly what I did. This is the end. You won't have to put up with seeing me anymore. I've caused too much comotion already. GOOD-BYE.
>
> Love
>
> A/O Student
>
> P.S. If you think I should come back to discuss some serious stuff, call me.

Post-Disclosure Events

Subsequent systems which were required are identified by subheadings as they became involved with the case.

School System

When I read in her notes that she had been molested, and because of her present physical and emotional condition, I called the child protection agent of Alberta Social Services and relayed the information I had received. The agent told me that he would be out at approximately 1:00 p.m. Betty and I talked and I attempted to calm her down and indicated to her that I would like her to rest in the infirmary, that I would check on her, and that I did not want her to have to talk too much until we could talk with this particular person who would be able to help her in some way with the situation at home. I did not want her to

go over the details of the molestation without the worker because it would be redundant for her and perhaps more painful repeating it over and over again. At approximately 1:00 p.m. the worker arrived and I brought Betty to my office where he and I talked to her about the fight. Prior to his seeing her I let him read what she had written and given to me. When he questioned her about the molesting, she said it had happened more than once but that she didn't know whether it was happening to her twin sister, Bernice. Betty stated that her dad would always go down and give Bernice "shit" in the mornings after her mother left. Because we suspected that the sister might also be experiencing abuse, we called in the twin sister, explained to her what had been said by Betty, and asked if this had ever happened to her. Bernice said, "yes, it had happened to her since Grade Eight." She had, in fact, told her mother but her mother didn't believe her. Bernice also talked about having been to see a psychiatrist in Edmonton, but that it didn't help. We continued our discussion until quite late. During the course of the interview they cried and expressed both anger and apprehension.

Social Service System

At the end of the interview, the social service agent told them that he was "officially apprehending them" as they were "children in need of protection." He called the mother and told her what had taken place, and of the girls stating they were being sexually assaulted by the stepfather. She was not supportive, was unbelieving, and made no objection to their being apprehended. She stated that she and the

stepfather would go for a drive while the social service agent, the girls and I came out to get some clothes for them. We did this and I then took them home with me, because of the lateness of the hour and their extreme anxiety over going to a receiving home and strangers.

That evening I took them out to dinner. We did not discuss very much more about the events of the day and went to bed early. We were all exhausted and I think the girls had not assimilated the full impact of how, in one day, their lives were totally changed. I was having difficulty with being placed in the position of a social agent because of the obligations of the law and hoped that this intervention into their lives could only be for the better since I anticipated they would become foster children and wards of the court. There was no doubt that, as the mother would not make the stepfather leave, the girls couldn't stay in the home. I felt very troubled that he was staying in the home, that the mother was not supportive, and that the girls were having their lives, at least for the present, placed in the state of pain and uncertainty. The foster child, George, was removed from the home the same evening by social services.

Legal System

The next morning we had a constable from the R.C.M.P. take a statement from Bernice about the sexual assaults. Betty refused to give a statement at this time. The R.C.M.P. had been informed by the social service agent. Bernice gave a statement of what had happened over the years in terms of a sexual assault. The written statement from Betty was given to him, as well.

The mother was called by the social service agent. She did not want to speak to the girls and refused to give any support to the girls at this time. She said that she would leave home with the stepfather while the social worker and his supervisor went with the girls to pick up some more clothes to take with them to the receiving home. The social service agent from the day before and his supervisor took the girls to the receiving home. When they left the school they were crying and I hugged each of them and felt like crying myself for the pain of their past, present, and also for what I feared for their future.

The girls did not come to school on February 8th. This time was to give them an opportunity to settle in at the receiving home. The teachers' convention was on February 9th and 10th so I did not see them until the following week, but I did talk to them by phone.

On February 15th I saw each of them separately. Betty was very angry over the phone call she had made to her mother, in which her mother had stated she didn't believe her. She stated she would like to put her stepfather in jail, she would like to punish him, but she was also afraid of him. She expressed fear of going to court for wardship because she did not want to see either her mother or stepfather. I assured her that I would continue to give her my support and would go with her to court, which I did.

On the same day, when I saw Bernice, she cried for most of the time while she was in my office. She was very unhappy, hurt and angry at her mother not wanting them to stay at home, at her not having the

stepfather move out, and at her non-belief. Bernice stated that she felt the foster home was a good idea.

The girls are fraternal twins, Bernice is taller and bigger built than Betty. She is also more socialized; by that, I mean she is more polite and exhibits behavior more appropriate to the situation. She did have a boyfriend at school and some girlfriends. She wears makeup and dresses in a feminine style, such as slacks and blouses with pastel colors. She speaks in an immature tone of voice for her age, sometimes using a pouting baby tone.

February 17th was their 16th birthday so Betty's teacher (the one who had originally referred her to me), and I took the girls swimming and out to dinner; then we all came back to my house for birthday cake. I had a cake baked for each of them. After this I took them to the receiving home. We all tried to make it a pleasant occasion but it seemed a bit strained. I felt we were all sad and not saying what we were really thinking and feeling.

I was quite exhausted after these two weeks but I felt morally obligated to be a continuing support for the girls since they were having to adjust to so many new people and new situations. I also felt it would be a betrayal of Betty's trust in me to do otherwise, especially since in taking the risk and having the courage to disclose the abuse she had lost the support of others, specifically the vital support of her mother. I would not have felt right doing it any other way. It was a very stressful time for the girls. It could have been less so if the mother had believed them, supported them, and had the stepfather moved out.

The social services agent and I wanted both of the girls to go to the Sexual Assault Centre for counselling, but the waiting list was quite long, approximately one and one-half months at that time. Betty did not want to go. Bernice did agree to go for counselling but for the interim the social agent and myself had to be the counselling support for both girls.

During their counselling visits with me at school, they revealed the following information about the sexual assault on each of them by the stepfather.

The two girls, even though they are twins who lived in the same home with the same mother and stepfather, are very different. The sexual assault upon the two by the stepfather was also different. The sexual assault of Betty began when she had a rash. There was some sort of cream to be placed on the rash and instead of just rubbing the cream where she had the rash, she stated that the stepfather rubbed her whole body with the cream, and she cried while he was doing it. This was the beginning of the sexual assault which continued and became frequent sexual intercourse. She stated that in order to keep her from telling, he would blackmail her. As time went on, he said that he would buy her various things and would try to bribe her to have different kinds of sex with him. Betty would say no to this. When she would be resistant and try not to have sex with him, he would tell her that she couldn't have things or that she couldn't go places unless she relented. He would sometimes buy her small things so that the mother wouldn't notice. However, on one occasion she wanted a motorbike. He persuaded the

mother that she should give in and allow Betty to have the motorbike even though the mother objected very much to Betty having it. He would also do things such as take Betty downtown and drive on the streets where the prostitutes were and point out the prostitutes to her. Betty stated that she would cry but that it didn't seem to help. Betty also stated that he had told her if she told, he would go to jail and it would tear apart the whole family.

It appeared to me, from the comments Betty has made about her mother, that her mother had rejected her, preferred and favored the other sister, Bernice, throughout Betty's life. This emotional neglect may have placed her at greater risk and would certainly have created in her a need for affection from someone. She appears to have never had a good relationship with her mother; by this I mean a close relationship where she could talk to her mother, and certainly not since the time of the sexual assault beginning in Grade Five.

As stated previously, the first time that the sister (Bernice) told her mother that she was being fondled and touched by the stepfather, the mother did not believe her. The sexual abuse with Bernice began approximately two years prior to disclosure when she was in about Grade Seven or Eight. The stepfather did not have intercourse with her, rather he would tell her that he was going to punish her. He would try to precipitate some sort of fight or argument with her and then tell her that this was her punishment. He would lie down on top of her, and apparently, from what she said, he would masturbate himself to climax while lying on her. He would take Bernice's pajamas off or have her take her pajamas off.

Most of these incidents with the girls occurred after the mother had gone to work in the morning and before they came to school. The girls do not know if the stepfather had contact with both of them on the same day. They never talked to each other about what was going on with each of them and the stepfather. Incidents occasionally occurred in the evenings if the mother had gone out and he was at home alone with the girls.

Medical System

When Bernice told her mother that he was trying to fondle her and touch her and that he was trying to do things which she felt were not right, the mother did not, as previously stated, believe her. However, she took her to a physician to have a pelvic exam. The doctor was informed of the claim of molestation but saw no evidence that there had been penetration. Apparently the mother then decided that there must be something wrong with her daughter for telling her these stories which she believed to be untrue. She then took both girls to a psychiatrist. When the girls were left with the psychiatrist, Bernice told the psychiatrist that these events were happening, but Betty denied that it was happening. On a subsequent visit, Betty agreed that yes, her sister was right, it had been happening and she said to me, "I sat very close to the psychiatrist because I was afraid of my stepfather coming in." When the psychiatrist brought the stepfather in and confronted him with what the girls had told him about the sexual assault, the stepfather at first denied it. Betty confronted him and told him not to lie, that he

knew it was true, and at this point the stepfather admitted to the psychiatrist the sexual abuse. The psychiatrist told Betty that she could go outside and wait in the waiting room. The psychiatrist was, by law, obligated to report the sexual abuse but he did not.

Apparently the stepfather agreed to continue to see the psychiatrist as did the girls. According to the girls, after a short period of time the stepfather discontinued his visits as did the girls and no further assistance or treatment was pursued. This was especially damaging to the girls, who had entrusted a male "adult" with the truth and to whom they looked for help, but in the final outcome nothing positive happened. Their trust was further betrayed. Betty said that after this visit, the stepfather stopped the abuse for approximately two weeks, and then continued again. She said it then slowed down again when he realized that she was seeing a counsellor at school as if he were afraid, she felt, that she would tell what was happening. He again told her at this time that if she told, he would go to jail.

The psychiatrist did not report the sexual abuse either during the stepfather's visits nor did he report this to anyone when the visits stopped. When later asked by the social services agent why he did not report, his defense was he thought his associate had reported it. Apparently nothing effectively changed and the abuse continued.

When Bernice was seeing the psychiatrist, she disclosed to a counsellor at their previous school some information. It came about in this particular context. The counsellor had some of the students in guidance class drawing some projective tests. Bernice had drawn a house, tree, person test. This was on February 4, 1983. Bernice asked

for an interpretation of her drawing and the reply given to her was that it looked like there had been some real trauma. She then broke down and told the counsellor of the abuse that was occurring. She also told the counsellor that she was going to see a psychiatrist and for that reason he didn't pursue it any further. The counsellor did see her again on February 10th, 15th, 17th and 24th, and talked to her about taking precautions to make sure they were not left alone in the house. Bernice said that they were continuing to see the psychiatrist. There was no further follow-up on the counsellor's part at this time. I obtained this information from the counsellor via a phone call to ask if there had been any counselling contacts with this particular student.

After the father and the family stopped going to see the psychiatrist, Bernice was taken by her mother on another occasion to see a physician because she was having severe headaches. Apparently Bernice, in talking about the headaches to the doctor, must have given some "hint" about abuse because the doctor apparently suspected something was going on in the home as a cause for the headaches. The doctor apparently tried to find out whether or not there was some incident of sexual abuse, but the mother was very adamant, and discouraged the doctor from pursuing it any further and, in fact, nothing else was done at that time. Bernice was not taken back to that doctor again.

Receiving Home Placement

The day after the disclosure of sexual abuse, both girls were placed in a receiving home by social services where they stayed for the maximum amount of time. This is a home where there was a husband and wife who had one older son of their own. There were, at the time, four other children who were wards of the court waiting for foster home placement. These wards were both male and female of various ages and had been apprehended for a variety of reasons. During the time the girls were in the home, a wardship hearing was held in Family Court and the girls were made wards of the court for one year. The mother and stepfather were present at the hearing, but neither of them made any effort to speak to the girls. During this entire time, the mother had not in any way been supportive nor indicated any belief in the abuse of the girls. She had not suggested that the girls could come back home nor that she was willing to make the stepfather leave. It is interesting to look back in retrospect and observe that Betty was never taken by her mother to a doctor and examined for penetration or any signs of sexual abuse. Betty stated to me on one occasion that she never got pregnant by her stepfather because he was sterile.

The mother's non-support in stating to the girls that she did not believe them was extremely damaging. Further rejection of the girls by her was evident when she indicated that if charges were laid against the stepfather, they could forget about coming home. As I learned later, the literature indicates that this is the usual behavior of many mothers (Summit, 1968).

This whole period of time, including disclosure, intervention, placement in a receiving home, statement to police, and wardship hearing, was one of continuing emotional upheaval and pain for both girls. Various interventions were necessary by many of the agencies involved, ensuring little relief from the stress.

During this time I learned that the stepfather had a previous criminal record having to do with contributing to the delinquency of a minor and living off the avails of prostitution.

Further Legal System Involvement

At about this same period of time I received a phone call from the investigating R.C.M.P. constable, advising me that he needed further information, specifically dates from Bernice, to strengthen his case for laying charges against the stepfather. I arranged for Bernice to miss class and when she came to my office, conveyed to her what I had been told. I asked Bernice if she could remember the last time her father had sexual contact with her or anything else that might help in establishing dates and/or time. The following is what she recalled:

> I remember it was about the time that Mother had taken Betty to the doctor. Mother had taken Betty into work with her and Betty was going to stay at my grandmother's until time for her appointment.
>
> It was in the morning, he came downstairs and started an argument. He would always try to find something to get me with so he could start an argument with me. He would tell me "This is punishment;" but I didn't know anything that I had done that deserved punishment. He said, "How else am I supposed to control you?" I told him that there are other ways and he said, "When you find out, let me know."
>
> Later he had me carry a battery charger into the garage. He was talking to me and made me so scared. He told me to take my jacket off and I said, "No." Then he started talking to me again and I

> was so scared. He had me up against the Metropolitan [a car] and in trying to get away from him I got a big bruise and cut on my leg. He told me he was sorry. George, the foster boy, was in the house while this was happening in the garage.
>
> After we found out that Betty had pubic lice, I was very upset and thought that I might have them too. Later on he said to me, "I've probably got lice too, because of you."
>
> Sometimes he would tell me, "You can scream all you want to, but there's no one to hear you."

After Bernice had given me this information, I phoned the doctor that Betty's mother had taken her to, and told her I was working on a case of sexual abuse and needed to know the date Betty had been to see her regarding pubic lice. The date was December 28, 1983.

This information was given to the R.C.M.P. constable. It was very difficult for either of the girls to be able to pinpoint exact dates. One can readily understand this, as it is not the kind of thing one marks on the calendar, but rather one would try to block it from one's mind to dull the pain. Again, I later learned that it is atypical for the victim to have kept notes or marked a calendar but will rather attempt to repress the memory (Summit, p.H-2). I continued to see each of the girls whenever she wanted, at any time, and also by scheduled appointments.

During this time Betty would come in to see me at school in my counselling office, sometimes on scheduled appointments and sometimes not. She was often crying, stating that she hated herself and that she didn't know how she felt. During this time in the receiving home, her conflicts with her sister became more intense.

Betty also stated that she didn't like her sister coming to see me. Betty did not seem to be able to accept her new social worker. She also

stated that she did not want to go to another counsellor. (The social worker was trying to get both girls into regular counselling sessions at a local agency of psychologists.) Bernice was willing to go but Betty was not.

On her visit of February 28th, 1984, she expressed her anger to me for my having given her written statement to the R.C.M.P. I accepted her anger and conveyed to her that I understood, that I would probably feel the same way, but that it was needed for evidence in the preliminary hearing and to obtain charges. She also stated that she was afraid of men, afraid of going to bed at night, and generally feeling very down. I called her social worker and the mother in the receiving home to make both parties aware of these concerns so that Betty's needs might be better addressed.

On February 29th, Betty got into a fight at the receiving home with one of the boys. Betty had also refused to have the physical examination which social services required as part of their apprehension and ongoing care. She told me that she was not going to return to the receiving home after school, but she did in fact go there with her driver.

On March 1st, she came in with some of her silk screens from graphic arts, saying the one of the devil was her favorite. When I asked what made it her favorite, she answered, "It's me."

Foster Home Placement for Bernice

Because of cut-backs in funding from social services sixty days is the limit that a child can stay in a receiving home. Fortunately, after two months, one of the secretaries in the social services office who had not been a foster parent before volunteered to take Bernice into her home. This was a home where the couple, in their mid-thirties, had two younger girls. The family attends church and does have an extended family. Bernice was moved to a new school because of the location of the foster home in which she had been placed and our contact was largely by phone after this.

Institutional Placement for Betty, The Children's Centre

Betty, who continued at that time to experience behavioral problems in school (although there had been some improvement) and problems in the receiving home, was not able to be placed. She had exhibited some very violent behavior in the receiving home in that she had beaten one or two of the foster children who were there. Since no foster home was available for her, she was placed in Children's Centre. Betty was very unhappy. She had seemingly made a bond with the mother in the receiving home and, although the situation was not ideal from my point of view, it was preferable to her being placed in the Children's Centre. The mother and father in the receiving home had expressed their frustration with Betty's behavior but seemed to be coping with it in a reasonable manner and Betty had accepted the situation to some degree. However, because of cutbacks in social service funding, she could no longer be kept

there. This bond was broken and she was placed in Children's Centre. From my point of view this placement contributed to her feelings of helplessness, rejection, and general confusion. In this placement she was also exposed to a variety of other young people who had been placed there for various reasons. Betty later related to me that she found some of their stories and behavior very troubling, as was the lack of privacy.

This event added to the discouragement I already felt because of the continuing delays pertaining to placement and treatment for the girls. I also felt I should have been notified in advance that it was going to be done. I had asked and asked again that both girls be referred to the Sexual Assault Centre or that they be referred to a local counselling group where there were people who had, perhaps, more experience in dealing with sexual assault cases and where I felt it could be dealt with more effectively than I could deal with it, especially in a school setting. There was a six-week waiting list at the Sexual Assault Centre, so neither of the girls could receive treatment there. Bernice had consented to go for individual counselling with a psychologist. Betty went twice and then refused to go again. Bernice also stopped going after a short time.

The Children's Centre Placement for Betty, Her Reaction

On Betty's next day back at school after having been placed in the Children's Centre, she came in to see me and said, "I shouldn't be there, I've done nothing to be there, I'm not the one who should be punished." There was great anguish in her voice and she was certainly

bewildered. The treatment she was receiving violated her sense of justice.

I agreed with her statements but felt helpless. I phoned her social worker, I asked various people about becoming a foster parent for her, I phoned her various workers at the Children's Centre, but I felt I was getting nowhere in terms of a positive environment for her. I considered very carefully at this time taking her into my home but decided that it was not wise for me, given my job, my husband's children, and the demands on my own energies.

During the period after April 3rd, (Betty's placement into the Children's Centre) her behavior continued to deteriorate. Her behavior at school required troubleshooting on my part with her teachers and the workers at the Children's Centre on an almost daily basis. She began to skip classes during the month of April and had more confrontations with her fellow students. During one of her counselling appointments with me she stated that she should be punished. When I asked her what it was that made her feel that she should be punished, she said, "Because all of this is my fault." She again began to express some of her anger at me for having called in a social worker and set up the initial process which took her out of her home and resulted in her being in the Children's Centre. We discussed the alternative to my not calling, and the fact that I was obligated by law and had no choice.

Some people might argue that this position was similar to that of the molesting stepfather in my stating that I had no alternative. However the two situations are quite different for at least three

reasons. One, the stepfather did have an alternative, I did not. Two, I am a counsellor attempting to help the child whereas he was psychologically, physically and sexually abusing the child. Third, I did not observe that she made any regressive connection between my statement and his behavior or his statements. Therefore, I dismiss that kind of objection.

I expressed that I, too, was very unhappy that she was there, but what was the alternative? Would it be better to be back in the home with the same kind of thing going on as before in terms of the sexual abuse? She was able to say that no, this was not a viable alternative. She confessed to feeling very unhappy, to feeling very confused and that she had, the previous night, gotten very scared because one of the counsellors had come into the room to wake someone else up and she thought it was her stepfather. We talked about trusting people, about having consideration for other people who cared for her, and I reassured her that I did care about her, and that no matter how much she skipped she was not going to be kicked out of school, so if that was her goal, she was not going to achieve it. I continued, through this period, to try to see her in my home or to take her out to dinner or a movie on a weekly basis in an attempt to counterbalance some of the Centre's atmosphere.

Case Conference at the Children's Centre

On April 12th there was a case conference at the Children's Centre, which I attended along with the key workers and everyone who was involved with Betty (the nurse, the psychologist, the director, and the

social worker appointed for her). Everyone seemed very supportive but, there was still no foster home for her. There was some talk at this point of putting her in a group home, but most of the people there generally felt she would not be able to make the adjustment very well and perhaps would be involved in more athletic and recreational activities at the Children's Center than she would be in a group home. She was beginning to do artwork at the Children's Centre and one morning brought in a picture that she had done of a horse and had signed it, "To my friend, Jan, from Betty."

On April 16th, Betty came in first thing in the morning and told me that she had gotten into a fight at the Children's Centre last night. After she had gone to class I called her key worker to find out exactly what had happened. It seemed it was really not a very traumatic thing from their point of view, but was seen as Betty expressing her anger on whomever happened to be near, perhaps because of her frustration at being at the Children's Centre. The key worker stated that she seemed to continue to enjoy the outings they had at the Children's Centre but she also continued to be very angry at being there.

On May 9th I made the note that she had been to see me several times and had discussed various things, but had been unwilling to talk about some of the deeper issues that seemed to be bothering her. She was willing to discuss one of her reasons for not wanting to be at school and why this whole battle of skipping classes and wanting to quit school had come about. It seems that at one point during the summer, she had gone over to the house of a boy whom she liked, and with whom

she was very good friends. She would go over whenever her mother wasn't home so that her mother never knew she had gone because she would go on her bike. She stated that she and this boy had apparently gotten drunk one day and had engaged in sexual intercourse. He had now told the other boys in school and they were all dying to get her to go drinking and she said that one boy is just dying to have sex with her. She didn't want to come to school and face this. We talked about the fact that you can't really run away from your problems, and she must face this and deal with it. We talked about various coping skills and ways she might accomplish standing up to these boys and dealing with school on a day-to-day basis. She also brought up the fact that she could not forget the first time with her stepfather. She always referred to him as "dad" and she could still feel his hands on her, and as she made these statements, her non-verbal communication was that of physical shaking or shuddering motions. She also talked about her mother not wanting to see her anymore. She would really like very much to see her mother and her sister, and complain that Bernice never calls her or comes to see her. As she continued to talk about these issues, she cried, placing her head in her hands and rocking back and forth in the chair. She cried intensely for a long period of time. She seemed to cry even more intensely when she talked about the fact that her mother had sold her cow, and how much she missed her cat. Both girls had reacted very negatively and spoke of suicide when they found that their mother was selling the animals that had been their pets. The mother had sold Bernice's horse and Betty's cow. Betty stated she missed the

animals and asked the question, "Why did it happen to me?", referring to the sexual abuse.

Betty talked about a book that her key worker at the Children's Centre had given her (if she wanted to read it) called Daddy's Girl. This is the story of a young woman who experienced incest as a child and had written the book as an adult. In talking with Betty about the book, I told her it was her choice, to read it if she liked; that I had read the book and found it quite painful to read. I expressed the view that she might also find it very painful. I suggested that if she chose to read it and had feelings or concerns, and wanted to talk about them with me or the key worker, I hoped she would do so. I suggested that if she started to read the book and felt that it was too painful or that she wasn't ready for it, that perhaps she might make the decision not to continue reading the book. She talked at some length about the fight on the last day at home with her dad, and when I referred to him as her stepfather, she again insisted that I correct that and call him her dad. She stated she would prefer it that way. She talked about the special deals that he would make with her about interceding when her mother would say no to her request to something that she wanted, such as the motorbike, and how he would talk her mother into letting him buy things for her. The inference was that if he did this for her, then she wouldn't tell or talk to mother about the sexual assaults that were going on. She spoke about a time when she and her mother had had a fight and her mother was going to call the Crisis Centre, and she had ripped the phone out of the wall so that her mother couldn't call. Betty stated she now regretted that she had done that. She wished she

had let her mother call and all of this would have come out sooner. She spoke of her frustration regarding the girls at the Children's Centre who were seeing the same psychiatrist that she and Bernice were taken to by their mother, how much she hated him, and how much she felt the girls were really suffering because this man, this psychiatrist, would not help them in any way. He had not helped her, the stepfather stopped seeing him, the abuse continued, the psychiatrist had made no report to other authorities. She was tired but seemed to feel better after having expressed these various frustrations. I always ended my sessions with her by giving her a big hug and tried to convey to her that she was very special to me and that I valued her.

These notes are taken from the week of May 17th. On Monday of that week she came in saying that she wanted to quit school, that there was no need for her to come to school. She was very aggressive verbally and in her body language. She continued to be very angry, but she did apologize for throwing some of the temper tantrums in the office last week. On one occasion when she had come in for an appointment, she had thrown the eraser and yardstick around the office. We talked at some length about the pros and cons of staying in school, and how she would support herself if she quit school. She said she could always get a job on the street. We talked about what living on the street would mean, what prostitution is like, and after this discussion, she seemed more willing to attend class and did in fact go, but not in a much better frame of mind. On Tuesday morning she came in and started the same thing again. I told her that I thought she was really stuck in these

behaviors, and that I had done everything that I knew to try to help her, but we did not seem to be making much progress. I asked her if she liked where her present behavior was getting her, or if she would like to change it. Did she like herself the way she was, or would she like to change herself. I asked these questions because she had expressed on many occasions her feeling of worthlessness, but at this point was unwilling to try to change these behaviors. I felt that I must try to get some commitment from her to try to change her behavior. After my questions about whether she would like to change her present behaviors, she said no, she would not, that she liked herself the way she was. I told her then until she could make a commitment to work on changing her behavior, I did not feel that there was very much that I could do to help her. I stressed that I could not do it for her no matter how much I might want to, that she must want to do it for herself. She became very angry and stood up. I told her that when she made up her mind about what she would like to do, I would like her to let me know; I would help her to work toward changing her behavior. I told her she had a tremendous amount of energy and that if she would just turn a little bit of that energy into constructive behavior rather than into fighting with people who cared about her, and people who were trying to help her, she could move mountains. I offered her a note to get into class but she refused, stomping out of my office very loudly and telling me that I didn't listen. She said that she was not going to any of her classes and that she was going to skip all day.

Confronting Betty with her behavior was an attempt by me to have her examine the consequences of such behavior. The aim was self-

examination as a means of freeing her to begin using her abilities and strengths more productively. I also wanted to communicate to her my perception of her behavior and my reaction to it. My aim was to stimulate growth and insight, and to encourage her to use her resilience and fortitude to begin the process of moving from being a victim to being a survivor. Her conflicting and ambivalent thinking, confused feelings, and the environment of the Children's Centre all contributed to making any therapeutic process very difficult. Another difficulty was counselling in a school setting. In a counselling session a student may express deep, intense emotions, share painful experiences, confront feelings of guilt, sorrow, loss or despair, and work on coping and problem-solving. It is difficult for both the counsellor and the student to bring closure to this kind of experience and prepare the student for immediate re-entry into the school world. This difficulty is one of the reasons that as soon as an assessment of the needs, resources and treatment can be made, the student should be referred to outside sources for therapy. However, in this case, since no other psychotherapy arrangements had been successful, I continued in my attempt to facilitate achievement of some goals for Betty such as passing her courses and completing the school year.

I checked; she did go to her Industrial Ed. class, but she created a scene in her second block class and her teacher was going to bring her down to see me, but she left the class and he could not find her. I later found her in the library and asked her to come and talk with me but she said, "No, you don't listen." I replied to her that I really

did try to listen, but that I didn't always agree with her. I encouraged her again to come and talk with me but she said, "No, you don't listen." So I told her okay, that was her choice and I was not going to discuss it with her in the library, but that she could come and talk with me at any time she chose. She did not come and talk with me and she did not go to any more classes on that day. I got homework from her other teachers in an attempt to give it to her before she went home from school so that she could do it at the Children's Centre, but could not find her. I phoned the Children's Centre and talked with her key worker and brought her up to date on what had happened. I also phoned her social worker and brought her up to date as well. The key worker said she would work with her on the consequences of not attending class, and would do this with her at the Children's Centre. The consequences would mean that Betty would have two hours of chores to do. encouraged the key worker not to let this event upset the visit that was planned for a possible placement in a foster home.

These various swings of mood and behaviors continued and became more chaotic. She was still saying she wanted to quit school, skipped some classes and was disruptive when she did attend. Her key worker at the Children's Centre decided that Betty would stay at the Children's Centre for a day and this worker would review her behavior and its consequences step by step. When she came back to school her key worker brought her in. After Betty had gone to class the key worker related to me that one of the things that may have triggered her recent behavior was the receipt of a letter from her mother, and also a phone call from her sister in which Bernice revealed that she had also received a

letter. Betty was very resentful that her sister, Bernice, had been placed in a home and she had not. I suspected that this contributed to her feelings of worthlessness and rejection. She felt that her mother, in her letter to Bernice, was trying to set Bernice up so that she would go back home to her mother after the wardship was over. Betty stated that she would not return even if Bernice did go back. She seemed to be building some rapport with the key worker at the Children's Centre who was being very supportive.

During this time her teachers were keeping me informed if she skipped a class and a daily report on her behavior was given to me. Her behavior continued to be uneven and unproductive. She was kept at Children's Centre and when I called to find out what was happening, I was told that her behavior was going to be discussed with her along with the consequences of such behavior. Things appeared to settle for a while after this.

Betty Again Initiates Contact with Mother

On June 14th she came in to see me first thing in the morning without an appointment. She told me that she had called her mother the preceding night with her key worker sitting in the office with her. Her mother still did not believe her, and stated that Betty must be either lying now or lying before. Betty states, "I didn't lie, I just didn't want the family to break up." She also asked her mother if she wanted her back and her mother told her yes. Betty, expressing some of her anger, stated she wanted her stepfather to go to jail where she has been

(referring to the Children's Centre). She said her stepfather had told her he never did it to Bernice and that he had made the comment to her that you "couldn't get a pencil into Bernice." Betty said that if he pleaded not guilty to the charges when they were made, then she was going to tell some pretty crude things he had done to her and this would really embarrass him in court.

Betty had, on several occasions, told me that I didn't know the half of it. She had told me that when her mother would leave for work, she had wanted to hide in her closet from her stepfather but that he would be very quiet when he came down the stairs and he would close the door really quietly. She also told me she banged on the wall when she heard Bernice scream on one occasion.

Later on this same day she came in again to talk and told me of the times her stepfather had beat up on her and she would tell her mother that she had just fallen down to explain why she had the bruises. She also stated that in the Fall after her mother and father had returned from Vancouver and were fighting and threatening to break up, her dad (stepfather) tried to persuade her to move out with him. He promised to buy her a car or anything on the condition that they have sex four times per week. She also said she would deliberately start fights with him and then cry really hard to avoid having sex with him. She spoke of the times when she had taken some of her mother's pills in an attempt to kill herself, but that they had just made her sick and sleepy. She also spoke of her beginning to steal items before she was apprehended. She seemed very tired after unloading much of this.

Much of the behavior, the disclosure of feeling, and the continuing anxiety appeared to be related to a number of things, one of which was being placed in another situation, even though she was looking forward with great anticipation to her new foster home placement.

Betty's Statement to R.C.M.P.

She also decided during this time to give a statement to the R.C.M.P., giving information as to when the sexual assault began for her and the fact that the stepfather had, on numerous occasions, had intercourse with her. She agreed to talk about his threats to her and the manner in which he had blackmailed her for his own purposes and did speak of these things to the constable who took the statement. When I had called him and told him that Betty was ready to give a statement, it was his day off but he ca in and took the statement from her. She seemed relieved and was very receptive to my giving her a hug as I always did at the end of the session when she left. As the end of school drew closer, her anxiety seemed to increase.

End of School Year

At the end of June, Betty's behavior was still quite inconsistent. I wrote a letter to her social worker indicating that I felt she needed further psychological counselling and an active summer. I explained to her social worker that I would contact Betty when I returned from holidays. The foster home placement had been approved and Betty was to enter this placement on July 6th. She was, as I have stated, both apprehensive and excited about it.

Foster Home Placement for Betty

The foster home placement was with a lady who had been a widow for three years and who had reared three other daughters. The youngest of these daughters was very close to Betty, but did not live in the home. It was largely through the efforts of this daughter that this foster home placement became a reality for Betty.

I assured Betty that I would call her as soon as I returned at the end of July and reminded her that she now had several friends she had made at the Children's Centre. I made sure that everyone knew I was going to be away so that they would be able to provide support for her while I was gone. She wanted me to take her with me. I told her that this was not possible.

She had depended on me during this year. I had allowed this bond to continue beyond the usual counselling situation because I felt it was vital for her to have someone she could turn to consistently and depend on. Another reason for allowing the counselling relationship to continue beyond what is usually needed in a school setting was my acceptance of my own responsibility for having intervened in her life. Based on my own philosophy of values I felt an obligation to "be there" for her. This might not have been necessary if the case had evolved differently. That is; if Betty had been placed in a supportive foster home instead of the placement in the Children's Centre; if arrangements by her social services worker for psychotherapeutic treatment had been possible; if her classroom teachers had not needed constant assistance

with her behavior in class and/or if the mother had been supportive, I would have distanced myself from intense involvement in Betty's case much earlier.

There were other alternatives. For example, the school administrator and I could have informed her social services worker that Betty's behavior was so disruptive in class that her teachers could not teach the other students in her class. This might have meant her being transferred to another school, causing further disruption in her life, or she might have been withdrawn from school altogether. This would have penalized her further. Instead, with the cooperation of her teachers and the school administration, in order that her life not be further disrupted, we made time for her needs. It was our perception that Betty deserved encouragement and we hoped that the fact that we cared and perceived her as being of value, worthy of struggling with, would aid in changing her view of her own self-worth.

It was difficult to maintain a supportive counselling relationship with Betty; to keep a balanced perspective and the distance required for objectivity. It is sometimes difficult, but desirable, to maintain a balanced perspective. Otherwise the counsellor or therapist may become part of the problem and be less effective in the process of helping. This is further complicated if the counselling situation is in a school setting since one is available to students and teachers whenever problem solving is needed, or a crisis presents itself and most often when no appointment is scheduled. To keep this balance in a way that would not be seen by Betty as a lack of caring, rejection or abandonment was an ongoing challenge; one I was sometimes not able to meet. For instance,

Betty had indicated that she would like to come and live with me. I explained that this was not possible and she appeared to reluctantly accept this.

Summer Contacts

At the end of July when I returned, there were four messages from her beginning the third week in July even though she knew I was not going to be home for another week. I called her the same evening I returned home. She wanted me to come to see her new house, her room and meet her foster mother. I just listened while she told me about these things and told her I would call her the next day and we would set up a time for getting together. Over the summer months we talked on the phone. She also came to my house on one occasion. I took her to dinner and bought her two pictures of animals for her new room. She had become a volunteer at the Y.M.C.A. Daycare Camp for younger children and was extremely proud of her achievement. I praised and encouraged her behavior in this job. Her supervisor also gave her a lot of positive feedback. All of this helped to increase her self-esteem and feelings of self-worth. The last week of August, she worked as a paid volunteer and she was elated as she told me about this. She was very proud of herself and so was I. At this time she also began to express anxiety regarding the preliminary hearing for her stepfather, which was in September, 1984, and on the same date she was supposed to go to a new school.

Betty began having trouble sleeping and having bad dreams. I called the social worker. Betty had only met her during the latter part of August (I first had to call the main office to find out who the new social worker was). When I did reach her I was told that she had just received the file. I did not understand why it was in the "main office" for over a month. I am told that that is just the way it happened. This meant that for the first month of her placement in her new foster home, no one from social services was monitoring what was happening. Fortunately, the placement was satisfactory, and there was contact and support from her key worker at the Children's Centre.

Preliminary Hearing Events

The week and one-half prior to the date of the preliminary hearing was a time of excreme turmoil. Betty wanted to be sure that I would be there. She seemed to fluctuate daily into a different frame of mind, anger, fear, anxiety, and sometimes crying when she talked to me on the telephone.

During this time I called Bernice. She had spent her summer visiting some friends and babysitting. She had not seen the psychologist over the summer and the therapist was away for the month of August. She was not receiving the support that Betty was getting from a number of people. Bernice was apparently in a more passive frame of mind. She was still sad over her mother's reaction and unhappy at the prospect of going to court.

The Crown Prosecutor had talked to Betty during the last week before trial and, although both girls were extremely apprehensive about

the court and what would happen, neither refused to go although Betty had brought this up as a possibility on her part. We discussed how one makes decisions for one's self and I told her the choice was hers to make. This case had been scheduled for 10:00 A.M. on the court calendar. I had asked the constable sometime before if it could be arranged to be held in camera. He had passed this request along to the Crown Prosecutor who was female. (Originally a male Crown Prosecutor was scheduled to handle the case.) Those present included the social workers for Betty, Bernice, myself, the key worker from the Children's Centre whom Betty had asked to come with her, and Bernice's foster mother.

We waited in a small room in a gym since this rural area had no courtroom as such, and since on this date an election was taking place the "court" was upstairs in another small room. At 12:00 we were told that the case was postponed until after lunch and to return at 1:00 P.M.

The stepfather had been walking around much in evidence all morning. Betty, her previous key worker, and I went for lunch. Bernice and her foster mother went to a friend's for lunch and the two social workers went to lunch together.

During the morning Betty had been talking and laughing non-stop, which is often her way of acting when she has difficulty handling a situation. Bernice remained quiet for the most part, but it was obvious that Betty's behavior was getting to her and she did not understand that this was Betty's way of coping. Bernice went outside to get away from

Betty and then Betty wanted me to talk to Bernice because she was concerned that she was feeling bad.

Finally, at 2:00 P.M., the case was called, the courtroom was cleared and the hearing held in camera. The two social workers were allowed to sit in as were the previous key worker and the foster mother. I was not allowed in to hear the testimony since I had been subpoenaed and might be needed as a witness. Betty gave evidence first. I was told that the statements she had given before in a question and answer format were used. Bernice's statements were handled in much the same way. When Bernice was released from the stand she ran down the stairs crying, saying that her stepfather was laughing at her.

The stepfather pleaded not guilty, but was ordered by the judge to stand trial on the following six charges:

1. That he . . . between 1st day of January, A.D. 1978 and the 17th day of January, A.D. 1982 did unlawfully have sexual intercourse with Betty . . ., a female person not his wife and under the age of fourteen years, contrary to the provisions of the Criminal Code.
2. That he . . . between 1st day of January, A.D. 1978 and the 1st day of January, A.D. 1984, did have sexual intercourse with Betty . . ., his step-daughter, contrary to the provisions of the Criminal Code.
3. That he . . . between 1st day of January, A.D. 1978 and the 4th day of January, A.D. 1983 did unlawfully and indecently assault Betty . . ., a female person, contrary to the provision of the Criminal Code.

4. That he . . . between 5th day of January, A.D. 1978 and the 1st day of January, A.D. 1984 did unlawfully commit a sexual assault on Betty . . . contrary to Section 246.1 of the Criminal Code.

5. That he . . . between 1st day of June, A.D. 1982 and the 4th day of January, A.D. 1983, did unlawfully and indecently assault Bernice . . ., a female person, contrary to the provisions of the Criminal Code.

6. That he . . . between 5th day of January, A.D. 1983 and the 1st day of January, A.D. 1984, did unlawfully commit a sexual assault on Bernice . . . contrary to Section 246.1 of the Criminal Code.

Given these charges the possible penalties, if convicted are as follows:

Count #1	Section 146(1)	of the Criminal Code
Count #2	Section 153	of the Criminal Code
Counts #3 & 5	Section 149	of the Criminal Code
Counts #4 & 6	Section 246.1	of the Criminal Code
Count #1	Life imprisonment	
Count #2	2 years	
Counts #3 & 5	5 years	
Counts #4 & 6	10 years	

Epilogue

I had continued to give support to Betty during this time because of the impending court experience. I felt that since the trial was over I could begin to terminate my involvement. However Betty, and others, continued to call me. Betty would often call to tell me what was

happening in her life, safe in the knowledge that I would not reject her, even though I might not agree with her behaviour.

After the trial the stepfather remained free, living in the home with the mother. They went on holidays during the summer, visited family members, but did not have contact with the two girls, with the exception of the stepfather occasionally calling one of the social workers and saying that he would like the girls to contact their mother. There were some occasional cards or notes sent to the girls via social services telling them of things that were happening within the extended family.

Betty was not adjusting very well to her new school and was not showing much progress academically. At Betty's request, I talked with the counsellor of the school on numerous occasions. She informed me that they were going to do some up-to-date psychological assessments of Betty since her academic performance was not equal to the demands of their particular school setting and education level.

Psychological Testing and Transfer to New School

This testing was carried out. The recommendation was made that she be transferred to another school to pursue a line of education more likely to be appropriate to her level. I did not agree with the transfer. I believed she could do the work with some assistance and encouragement, as did her teacher from the previous school year. I also felt that the move to this recommended school would only further expose her to behaviors that would not be helpful to her, in much the same

manner as the exposure to the behavior of others at the Children's Centre was also not helpful to her. It seemed to me that these events served to further lower her own self-esteem. Nevertheless, in spite of my protest, she was transferred to the school. It was not a successful move for her in that she did not make friends among her own age level group, but did make friends with some older students who were using drugs and alcohol. She began using marijuana at this time, skipping classes and then skipping whole days. She began to experiment with some lesbian activities. On one occasion she called me, as she did on an almost weekly basis and said to me that she thought she was lesbian. I asked her what gave her the impression that she was lesbian and she went on to say that she had been to some meetings at a counselling service for people who were homosexual. I enquired again what made her think that she was a lesbian. She said because she had had the experience. I asked her what it was about the experience that convinced her she might be lesbian. She said that she was so bombed out of her mind she didn't know, and couldn't remember very much about it. This relationship apparently continued for approximately three months with a female who worked in a store in the neighborhood. This person apparently supplied her with drugs. During this time, she also went to a gay bar several times, even though she was not of age to be allowed into a bar, and would spend some time there playing pool, drinking, and coming home late.

As one can imagine, none of these activities helped her progress in school. I continued to insist to the social worker that Betty must have more support in working out her feelings and clarifying her thinking

than what I was able to give her on the phone or with periodic visits. I also felt that it was not appropriate nor helpful for Betty to continue turning to me as I was not in a position to continue as a counsellor for her.

Counsellor Contact at Sexual Abuse Counselling Group

She was taken to some sessions at a local sexual abuse counselling group but it was not until she threatened suicide and was taken (by her counsellor from the Sexual Assault Counselling Group) to the emergency room where she was given some mild sleeping tablets that a case conference was called. This conference included the foster mother and social service agents. Money, which had been a factor, was found to support a psychiatric therapist for her.

Psychiatric Treatment

Betty reluctantly agreed to visit the psychiatrist who prescribed not only sleeping tablets but also some antidepressants on Betty's first visit to her. The antidepressants did seem to have a profound effect on her mood; she was much more pleasant on the phone and seemed to feel much happier. This may have been due to the antidepressants. It may also have been due to the fact that she was getting more rest and sleeping better. She told me during one phone call that she was not going to see the psychiatrist any more because she "asked too many questions." When I enquired as to what kind of questions were asked, Betty would not say, she just said, "I don't like her asking so many

questions all the time." She also told me that she had stopped taking her prescribed medication and had returned to the use of various drugs, including cocaine. During this time she became reacquainted with a young man she had known some time ago and had met again when she was at the Children's Centre. He was using various drugs and, from what she told me, I believe he was stealing, and I think she also began to steal in order to buy herself some of the drugs. I enquired about how she could afford these drugs and she told me that she sold her calculator. I think she also began selling drugs at times at school. During this time, Betty's foster mother would call me to discuss Betty's behavior and seemingly because she needed some support. She told me at one time that she was going to be meeting with a support worker for foster parents and hoped that this would help. Each time the social worker visited Betty, there was the nasty scene of Betty going through hostile reactions, such as turning her back, not speaking, shouting when she was spoken to, and so forth until her social worker would ignore her, turn her back, and talk with the foster mother. When this happened, Betty would respond, and after the visit would be quite congenial to her foster mother for perhaps a day or two, but then resume her abusive tone of voice and language. It was fortunate in this foster home that the woman has a great deal of time and reserve of energy to deal with the special needs for attention that Betty had. However, it was less than desirable because there was no male in the family to provide an example of male love or fatherly love without early or unhealthy sexualization attached.

During this time Betty continued to call and visit me as well as one of her other favorite teachers at school and the previous workers at the Children's Centre who had had contact with her. One of the things that was very noticeable was that she did not make friends among her peers or those that might be most helpful to her.

Renewed Family Contact

At about Christmas time her mother and stepfather began to have more contact with her. Both girls were given rabbit fur coats as presents for Christmas and went for a visit with their maternal grandmother. Betty continued the contact by calling her mother and this was encouraged by the stepfather who, at one point, was very hostile and angry with Betty's social worker because she would not allow an overnight or weekend visit. He made the point that there would be no one other than himself and Betty's mother to take care of Betty after she was 18. In retrospect, it seems the stepfather must have discussed and known of the February, 1985 trial date because, from Christmas on, there was a great deal more contact with Betty. Bernice refused to have any contact with the stepfather and none with the mother, saying that the stepfather was a "jerk" and she never wanted to see him again, and hoped he would go to jail. Betty, on the other hand, was very happy that mother and stepfather were now seeking her out. From the statements she made when she called I felt they were trying to manipulate her into a position of not being a reliable witness or, as the lawyers would refer to her, a "hostile witness." This did in fact turn out to be the case. Neither girl was a good witness when the trial

date came. Prior to the court date I became increasingly concerned not only for the testimony she would give, but for the confusion taking place within her and the torn emotional behavior she was exhibiting, i.e. not sleeping, nightmares, crying, feeling depressed, and statements of "It's all my fault." Because of this behavior, I called the social worker and told her I did not think the visits should be allowed. I felt it was resulting in the incrimination of a witness, and that I did not feel the motives on the part of the stepfather and mother were any other than to increase the confusion and the emotional turmoil for Betty, to try to keep him out of jail. On numerous occasions I left messages for the Crown Prosecutor. Finally, when the Crown Prosecutor returned my call, I told her that I would be away for a conference on Sexual Abuse but if I were to be allowed to stay in the courtroom, I would stay so that I might be able to give Betty whatever support I might be able to provide. She told me there had been some plea bargaining going on and that because she did not think there was a great deal of evidence based on the statements the girls had given before, and also because she stated they were not going to be good witnesses, she thought it would be best to accept his plea of guilty on the lesser of two charges of sexual assault. I offered her my case notes which I felt would help her in questioning the girls more and perhaps be able to elicit testimony that would help in a conviction. She did not feel they would be helpful as she informed me that the stepfather did not have to take the stand and certainly his defence attorney would not put him on the stand. He was "innocent until proven guilty." I found this very

difficult to accept. The girls who were the victims were out of their home for over a year while this man has been free and allowed to lead his life as he wished. Society paid the money required for the girls' care and treatment. He and his wife took holidays, paid $350 for a dog which they bought while Betty was with them on a day visit in January, 1985, and continued their life to all intents and purposes as if nothing had ever happened.

Trial in Court of Queen's Bench

The impression I received when I talked to the Crown Prosecutor was that the girls would not be put on the stand. I did not know they were going to be questioned at all so I did not attend court on that day, nor did the counsellor from the counselling group who had been working with her. Betty's foster mother and one of her former workers at the Children's Centre, along with the social worker, attended and, according to the reports I received from Betty, she went over and sat with her mother and her stepfather much to the bewilderment of her sister (Bernice) during the time the judge was rendering his sentence.

In February, 1984 the stepfather pleaded not guilty to all of the previous six charges with the exception of #3 and #5. #3 . . . did unlawful and indecently assault Betty . . . #5 . . . did unlawful and indecently assault Bernice . . .

His sentence for these two charges was for incarceration for two years less a day in a provincial correction institute and that he see a Dr. _____; also a Probation Order for two years with the usual

stipulations but also to remain a patient of Dr. _____ and abide by all reasonable directions for improvement and maintenance of his health.

Wardship Hearing

Betty said afterwards that she cried when she was not allowed to go with her mother after court. The day after the trial (February, 1985) there was a wardship hearing in which wardship was granted for one more year. During the hearing, Betty asked if there could be weekend visitations with her mother and she was told yes, that she was free to see her mother at any time she desired. On the night of the trial, she went out and stayed out all night and only came in the next morning to go to the hearing for wardship. After this hearing she again ran away and stayed out and, as she told me later, got as "stoned" as she could on drugs and alcohol. Her social worker was transferred to another job but told Betty that if she would continue to try to make some effort at working with her, she would continue as her social worker. The school which had been very lenient in allowing her absences now began to demand better performance from her. I encouraged her in these areas in which she is most talented and where I felt she might find some satisfaction. The foster mother continued to be supportive and tried to provide her with other outlets such as swimming and racquetball lessons, and to provide a nurturing environment. However, two calls came from Betty's stepfather who was (according to Betty) in the local remand centre attempting to get into a treatment program. At the present time, I do not know how he was allowed to call her and speak to her about being responsible for what had happened.

During a recent call on March 23, 1985, she told me she thought she was in real trouble. When I enquired as to what real trouble was, she told me she couldn't tell me on the phone. I asked her how bad the trouble was and did it have to do with drugs. She answered, no. I inquired further and she replied she couldn't tell me. I enquired if her foster mother was there and her reply was yes. I then asked her if she thought she was pregnant. She said she thought she might be. I asked her how late she was. She said two weeks. I asked her if it was her friend that she had been associating with. She asked why would I think it was him and I replied to her because he's the one who's been supplying you with the drugs. She was not accurate in her memory as to when exactly they had had intercourse or how many times, but it seemed to have been around the time of the trial when she had stayed out all night. I encouraged her to come to visit me and I would take her to the clinic for pregnancy tests since she would not agree to tell anyone else. She preferred not to agree with that suggestion but rather she said, she would just wait and see what happens. I tried to explain to her that it was not a thing that one could just wait and see what happens, that it was a serious matter and that for her own health, the health of the baby if she were pregnant, and also to give her as many options as possible, she needed to know as soon as possible whether she was pregnant. She would not consider any of these suggestions. Fortunately, she did eventually have a pregnancy test which was negative.

Later, I was told by her foster mother that Betty now is going to have a new social worker, that the previous worker had been transferred to another area and will not be able to continue as she had hoped with Betty.

At this point it is now one and a half years since my initial contact with Betty and nine months since she was placed in her foster home. At the present time, it appears to me, that with the renewed contact with her mother and stepfather since Christmas and the trial events in February, her confusion has intensified. She has continued to see a counsellor at a local sexual abuse counselling group and has also resumed treatment with a psychiatrist.

By the very nature of this case there is no ending. The struggle continues and the final outcome is open to question. Further comments are in Chapte. IV pertaining to recent events.

CHAPTER IV

DISCUSSION

Introduction

The preceeding chapter describes the "betrayal" and breakdowns in services rendered to Betty. Required now is a more detailed discussion of these and their implications for Betty. Included in this chapter as well are conclusions and recommendations for a comprehensive response to the problem of sexual abuse. Also included are recommendations for counsellor education, and some suggestions for further research.

Discussion

While conclusions based on one case study do not apply to all cases of sexual abuse, the breakdowns, I observed, in the services rendered in this case are common to other cases as evidenced in the findings of the Badgley Report which are discussed later in this chapter.

I will begin with school personnel and their role.

School Personnel

Finkelhor (1984), in an attempt to assess the response of various workers and how they would intervene used a hypothetical case of sexual abuse to obtain data. In his analysis of the data the following is stated:

> . . . school personnel were conspicuous for their number of recommended interventions . . . They had the lowest percentage of workers who wished to interview the mother again, interview the child, interview the offender, or arrange for a physical exam. They were wary of other interventions too. What school personnel seemed to want to do was report the case . . . (they were tied for highest on this intervention), but do little else.
>
> School personnel seemed to be very reluctant to engage in any social work or mental health interventions. This may be in part because they felt it was not their function; their primary objective was education. But it may also reflect a conflict they felt. School personnel often believe they have to maintain a good relationship with children's families. They are very concerned about interventions they might make that would alienate parents. So in many difficult child welfare situations, school personnel would rather delegate interventions to other agencies that are better insulated from parental anger and criticism (p.208).

I agree that this is often the case. However, there are factors which are specific to school personnel. In Alberta many schools have previously not had specific regulations or guidelines in place concerning the obligation and procedures for reporting child abuse including sexual abuse. At the time of this case, school year 1983-84, our school division did not have in place any statement outlining procedures for the reporting of sexual abuse. I do believe that most personnel, especially counsellors, were aware of their legal obligation to report to Alberta Social Services any abuse, however, some cases are still not reported. I also believe most felt their responsibility ended when they had made their report. I do not agree with this view.

Early in 1985 the local public school system (Strembitsky, 1985) put together a statement on Child Abuse and Neglect which included sexual abuse. Other schools have drawn on this statement in drafting their own policy statements. This statement outlines the reporting procedure for school personnel. Specifically, in cases of abuse, the

principal or his designate shall contact the Child Welfare Unit of Alberta Social Services. A form is to be completed which gives specific information as to the kind of alleged abuse, the action taken, the name of person making the report, principal signature, name of person to whom the report was forwarded and the date. Included also are guidelines outlining investigation access to a child in school, notification of parents, police, interviews by Child Welfare and police and the presence of school personnel during the investigative interview. In additon there is the statement:

> The resolution of the complex issues in any case of child abuse and neglect does not end with reporting the matter to Child Welfare. Effective case management plans include provision for case-monitoring and follow-up in which schools and District personnel may be involved (p.11).

Having guidelines such as this available for all school personnel, along with the education of school personnel to assist them in recognizing indicators of child abuse and neglect, will greatly improve early detection and reporting. Every school district must make the development of policy and education for personnel an immediate priority.

Teachers and counsellors in school are in the unique position of seeing their students on an almost daily basis. This presents an opportunity for observation and interaction along with the possible development of a trusting relationship. A trusting relationship between school personnel and students can allow for early detection and reporting of sexual abuse. As stated elsewhere, unless there is early intervention, the sexually abusive behavior may continue, becoming more harmful and extensive over time. The victims often manifest the effects of abuse in learning and behavior problems, social maladjustment, and

emotional problems which will have a direct impact on school performance. Early detection and reporting may also protect other members of the family and community. In Betty's case, her school records indicated that school personnel were aware that she was experiencing behavioral and learning difficulties. There were attempts to deal with the manifesting symptoms of an underlying problem but the problem itself remained undetected.

Family System

In the family, the stepfather betrayed the girls' trust and love. The mother's non-belief and hence lack of support for the girls was a second betrayal. Because she would not make the stepfather leave, the girls had to be removed from the abusive situation in the home for their protection from further abuse. This only added to the uncertainty and confusion for them. Both girls felt their mother had forsaken them.

It was my impression that the mother specifically viewed Betty as a troublesome daughter, who was responsible for breaking up the family and would rather lose her to foster placement than see her husband charged and possibly go to jail. While the mother's non-belief is not uncommon it was particularly harmful since having been betrayed by the father or father-figure the daughter desperately needs the support of her mother.

Summit states it this way:

> The second level of betrayal comes when the girl seeks to escape. She may turn to her mother, only to be accused of lying or condemned for seducing the father. Even if the mother accepts the story, she may still fail to act. One daughter recalled the

reaction: "They'll send your father to jail and we'll all end up on welfare. Is that what you want to do to us? (Summit, Kryso, 1978, p.244).

Legal System

After the disclosure of the sexual abuse to the R.C.M.P., and their interviewing of the girls and stepfather, it took an unacceptable amount of time for charges to be laid. This interview of the stepfather took place within the next few days. The stepfather had admitted the sexual assault to the R.C.M.P. (which he had previously admitted to the psychiatrist), but denied that he had done anything to the girls since his visits to the psychiatrist. In their investigation, the R.C.M.P. also uncovered his previous criminal record. When their investigation was completed, the file then was turned over to the Attorney General's office for determination of whether there was enough evidence to lay charges.

This delay may have also been related to the attorney general's office being very thorough in their deliberations, as Betty's home was an approved home for placement of foster children. Somehow, the stepfather's previous criminal record was not detected when the investigation and approval for foster placement had been carried out. A young woman was first placed in the home for approximately one year and after her, a young boy who was there until the apprehension of Betty and Bernice.

This delay of charges becomes another source of betrayal according to Summit.

> The third level of betrayal comes from the helping institutions. The girl is punished by the demand for explicit incriminating testimony . . . the father may deny everything, forcing the girl into an adversary role. Not uncommonly, the family will coerce the girl to recant her testimony to avoid court intervention, exposure and disgrace. Even in the event of prosecution, the father may be acquitted, while the girl is assigned to a foster home. In any event the family is broken; the girl feels isolated and morally condemned. In her own mind, she comes to feel guilty and responsible (Summit and Kryso, 1978, p.244).

This time delay was a problem because, until charges were laid, no date for even a preliminary hearing could be set. The preliminary hearing is to determine whether the evidence warrants a trial. It is important that charges be laid and conviction obtained to ensure that the offender is held responsible for his behavior and that treatment for him be implemented. The time factor is also a problem because during this period there is no evidence to a child that anyone but herself is being punished. She is in essence left in limbo. Therefore, she tends to see herself as guilty of causing disruption in the family.

Social Services System

In addition, there is the issue of a foster home placement for Betty. Two factors were involved in her transfer from the temporary receiving home to the Children's Centre. One was the finances involved in keeping her in the receiving home. The other was her physical confrontations with other children in the receiving home. These coping behaviors, to which continued abuse had predisposed her, made finding the child an acceptable foster home very difficult. Consequently, instead of being placed in a foster home, she was placed in the

Children's Centre, a temporary receiving home for hard-to-place wards of the government. Social Services did provide transportation for Betty so that she could remain in our school system until the year's end.

Further School Personnel Involvement

This institution, and her interaction with the other children it serves, had a dramatic impact on the behavior she displayed at school. This behavior made necessary even more counsellor and teacher attention and time.

I had thought that when she was placed in a foster home and out of the Children's Centre my own involvement and consequently, some of my frustrations and difficulties, would be lessened. However, there occurred an incident in which the transfer of her file between social workers and regional offices was so badly handled that for a month she received no supervision from Social Services. Although nothing serious did happen, the potential for further destructive behavior was present. On a more serious note, however, there was no new psychological support being provided and therefore the child continually looked to me for aid in solving her problems. At this point my involvement as a psychological support was no longer appropriate, but my moral commitment to follow through, since I had made the original intervention, was so strong that I continued to act. For instance, Betty, in her calls to me, asked questions about her court appearance which I did not have the knowledge to answer. Therefore, I called the crown prosecutor handling her case and asked her to talk to Betty. Betty was very anxious.

Social Service System

I also continued to insist to her social worker that she receive psychological counselling with someone skilled in working with sexual abuse victims. However, I had no authority to do anything but stand by even though she often made statements, for example, that it was all her fault and she wished she were dead. Although some money was eventually found by Social Services for psychiatric therapy there did not seem to be very much change in Betty's behavior as time passed.

The permission for parental visits to the child which, in my opinion, were motivated by an interest in preventing the child's lucid testimony at the trial, and therefore lessening the chances of the stepfather's conviction, continued. Even after the trial, the interaction between the stepfather and child continued and there has been a constant deterioration in her behavior. To my mind, this is a result of the general lack of personnel sufficiently knowledgeable about sexual abuse, and the lack of coordination of services provided to the victims.

Consequences of Breakdowns in Services

The breakdowns in the services resulting in the most serious consequences were as follows; in her life at school she was identified as a problem, but the problems underlying her behavior and lack of performance were not previously detected, which might have prevented some of the long term damage. Finkelhor (1984) states that not uncommonly abuse goes on for an extended period of time. Most victims

never tell anyone about it, and abuse can leave substantial psychological scars on its victims in the form of disturbed self-esteem and an inability to develop trust in intimate relationships (Herman, 1981; Meiselman, 1978; Tsai, Feldman-Summers & Edgar, 1979, p.3). Unfortunately, the label of being a "problem" or of "having problems" seems destined to continue since the Social Service System now defines her as a difficult problem. Certainly the lack of a foster home placement initially and her resulting placement into the Children's Centre did not, to my mind, help in changing the label. Betty's key workers at the Children's Centre were supportive and caring. Yet they could not offset Betty's feeling that she was being punished by her placement there. Being placed in an environment with other young people who were "hard to place" for various reasons contributed to her feelings of being un-wanted, un-loved, and abandonment. The present placement after 9 months, along with the various interventions, psychiatric and sexual abuse counselling, and now all the new (to the victim) social agents have not been able to aid Betty in resolving the trauma of sexual abuse.

The old issues and new areas of confusion (drug use, sexual preference) are now being added to what was formerly not resolved.

Her wardship will end in February of 1986, and the question now being asked by all is, "There's so little time left--what can we do to get her ready to be on her own when she's 18?"

One of the breakdowns with far reaching impacts for the victim and society occurs when the offense of sexual abuse is not prosecuted. A

further problem with this issue is that when convictions are obtained the sentence provided by the courts for the offender are not commensurate with the long term effects and suffering to be endured by the victim. Mandatory rehabilitating treatment is not always part of the sentence, so the offender can be released back into society with no rehabilitation. Perhaps even more serious is the fact that mandatory treatment may not be effective for all offenders. Many therapists (Stark, 1985) grapple with the dilemma of whether or not offenders should be continually locked up. This judgment has been made by fellow offenders in treatment when one of their group stated his urges were stronger than before treatment. In the author's view there should be included in the sentence the provision for long term follow up of convicted sexual offenders by probation officers and a central registry available to all police on known sex offenders. The long term follow-up would aid in assessing if treatment has been effective in achieving change and a more productive life for the offender. A central registry might help in apprehending repeat offenders more quickly and aid in bringing them to accountability for their behavior.

General Breakdowns

From this case I have learned that one cannot take for granted any of one's expectations will necessarily be filled by social systems. As a professional I have to recognize the limitations of the systems, therefore anticipate problems, and deal with them by putting together a network of people who are good at, and committed to, their work. It is necessary to have this network to utilize because, as a professional, I

am still required by law to report sexual abuse as well as other forms of abuse, and in turn, then become a social agent.

The foregoing is not intended to diminish the fact that there are many very conscientious and caring social service people, case workers, child protection agents and supervisors. However, these people are most often burdened with too great a number of investigations and case loads and their own energies become extremely strained. They do not have the power and authority to make decisions in individual situations when they are timely and necessary. They are not paid commensurately with their responsibilities or training and have limited resources available to them.

The difficulties, the breakdowns and the necessity for building one's own working network of professionals is not limited to this case. I have discussed these issues with Lucy Berliner, Therapist and Consultant, Sexual Assault Centre in Seattle who has worked in this Centre for ten years. Working in this position for this amount of time has afforded her a wealth of experience to draw upon. In our discussion she too recognized the issue of how most social services have generally accepted the idea of a child-centered response that, in practice, is meant to minimize the difficulties of the child. Theoretically most social services attempt to do this. However, there is still the fact that they are faced with dramatic differences from community to community in resources and funding. In our discussion we both recognized the real issue as one of making the response resources work to serve the interests of the child. We then addressed the question of

what is available to work with in one's own community. For instance, are there treatment resources for the victim, offender and for family? Are there enough social service workers with decision making power to be effective in problem areas? Is there a sufficient commitment from the community or the government to provide adequate funding? Often we get what we pay for.

Another problem I see is the lack of standards relating to the assessment and treatment of sexual assault victims. Often there is no evaluation or monitoring of the treatment process and outcome. I asked Ms. Berliner the question, "Given the state of where we are now, given our experiences, our knowledge, what do we do to serve the interest of the victim of sexual abuse?" Her response to me was similar to my own conclusion from this learning experience. There must be individual commitments and one must have a network to rely on. This would include mental health professionals or private practitioners who have chosen to become interested in this specific area and have chosen to educate themselves regarding the dimensions of sexual abuse.

Finkelhor (1984) refers to the management and treatment of child sexual abuse as "A number of factors have coalesced to make sexual abuse more complicated and vexing than any other family and human service problem with which professionals have had to cope" (p.200). One of the factors is the increasing growth and expansion of the problem which has made it difficult for communities to develop services sufficient to meet the need.

Another factor (referring to the U.S. but the Canadian Badgley Report found this as well), is that:

> sexual abuse falls into competing professional and institutional domains. On one hand, it is a serious child welfare problem--one of the types of child abuse which is mandatory for reporting to . . . child protective agencies. On the other hand, it is a serious crime--eliciting community outrage and action by police and district attorneys. It is also a mental health and, in some cases, even a medical problem. Professionals in all these domains feel they have some responsibility to handle sexual abuse. Yet in most communities, no formalized division of roles exist. In fact, many of these agencies and professionals have little experience cooperating with each other and often a great deal of distrust (p.201).

In addition, these professionals often disagree and have a "variety of philosophies" as to how the problem should be handled. For those who see sexual abuse as a crime also see punishment of the offender as their goal. Those who perceive the offender as suffering mental illness perceive psychotherapy for the offender as the goal. "Those who see it as a form of family dysfunction look to family-systems interventions as the approach of choice. Very often professionals from different domains (and sometimes even the same domain), have different prescriptions for action" (p.201).

The Metropolitan Chairman's special Committee on Child Abuse in their interim report (Grant, 1982) found the same problems presenting themselves as they attempted to develop a comprehensive response to the problem of child sexual abuse in Toronto.

Conclusions and Recommendations

My conclusions regarding various systems as discussed in this case study are corroborated by the Badgley Report. This research also found breakdown and unevenness of services rendered to the victim, resulting in errors of judgment in assessing and implementing effective treatment

for the child and preventing further damage or abuse. In their statement pertaining to needed reform in order to provide better assistance for sexually abused victims be rendered, the report lists nine categories. Number five is pertinent to this thesis.

5. Strengthening the Provision of Services

> While all nations seek to prevent lawless behaviour, it is apparent that any legal system is insufficient by itself to realize these purposes. Other conditions have to be present if a society's children are to be safe. These necessary conditions include an ingrained respect for the dignity of the person, a system of education that informs children and parents about risks and the means of protection which may be sought, and the provision of services of high quality to meet the needs of victims.
>
> There are many public and private programs across Canada that provide assistance and protection for sexually abused children. These functions are divided between federal, provincial and local levels of government and include a broad assortment of national, community and voluntary associations.
>
> Each of the main helping services has developed somewhat different concepts of child protection, different means for assessing and investigating the needs of young victims, different standards in determining how assistance can best be provided and different ways of providing such help. Our research indicates that, as a result of these different perspectives, many sexually abused children either received no assessment or their needs were only partially and inadequately considered. Because of insufficient follow-up, many were left in situations of continuing risk.
>
> To redress these deficiencies, the Committee believes that a combination of measures is required, including: publicizing widely the work of special programs; the adoption of common minimum standards between services for the assessment, investigation and treatment of sexually abused children; introducing significant changes in provincial child welfare legislation and the current operation of the child abuse registers; and the development of medical examination protocols (p.35-36).

The report also supports my experience pertaining to decisions made regarding placement, assessment and treatment.

> . . . Too often, decisions to assist the sexually abused child are made in relative isolation; the policies affecting the care of these children are frequently established by professional workers without a full and open consideration of their propriety for the short- or long-term consequences for the children being served. . . . formulation and application of standards to ensure that the needs of sexually abused children are being adequately met must be established in practice and in legislation. . . . adequacy of the services rendered fluctuates widely. . . . There is no agreement and few statements concerning what constitutes the minimum necessary level of assessment and care of sexually abused children. . . . we found little evidence that standards existed which were being consistently or rigorously followed, and where they have been established, of their being reviewed to ensure that they were being observed. . . . In light of our findings there can be no doubt about the need to improve the quality of the assessment and care . . . more effective co-ordination of efforts between public agencies providing complementary services. . . . More complete assessments, more complete investigations and more effective follow up of cases (p.36-38).

From its findings the report made specific recommendations which are stated in their Recommendation 29 in reference to the foregoing (see Appendix A for Recommendation 29).

My own conclusion and recommendations are based on my personal learning experience with this case. It is the author's view that if the first contact for victim and family after disclosure is an agent for Social Services, this agent should be especially knowledgeable about the whole area of sexual abuse, skilled in interviewing the victim, and there should be a back-up team in place for this specially trained agent.

During the critical period immediately following disclosure by the victim it is crucial that the victim and family have positive support as much readjustment is required for all involved.

Child sexual abuse is a criminal offense. Any social agent (let us assume a child welfare worker), must report the abuse to the local

police authorities. The police are required to obtain statements from victim and offender and this interview is crucial to the legal process and the requirement for treatment of the offender. A specialized team, preferably composed of both males and females, should be available for this very delicate but crucial task of interviewing the victim and offender. Locally there are only two major programs set up specifically for victims of sexual assault. Thus there is unfortunately very little to select from in terms of treatment for the offender.

Time, quality of response and supportive treatment are imperative during the initial crisis period but also in the long-term. Professionals, according to the Badgley Report, are not seeing the same people so cross-referral and integration for case management is needed. It appears that none of the present response systems, social or judicial, especially in rural or small town areas, are comprehensive enough to be to be able to deal with the full dimension of the problem. In addressing the professional response, there is a clear need to assess what is presently being done in the guise of "helping" and providing "treatment" among various individuals and groups as well assess the various programs. There is also a need for evaluation of interventions and monitoring on a long-term and on-going basis.

Included in a comprehensive response to abuse is a need for the issue of victim placement to be re-addressed. The author proposes that a receiving home, staffed with persons trained and skilled in working in the specific field of child abuse victims be set up for those in "need of protection." This would allow the victim a safe environment and support in this time of crisis.

After the initial placement in a receiving home, placement should be available for as long as necessary in a group home. When a group home placement is no longer needed and the victim is of age, independent living should be supported and encouraged. In considering this, a victim's mental and emotional health capabilities would need to be assessed in order that independent living be considered as the optimal choice. This group home should be staffed with people who have been trained in counselling. Their training should include a practical experience component in the specific area of sexual abuse carried out under supervision. The training should be such that the trainee must examine their own bias, attitudes, sensitivity and commitment to work with victims of sexual abuse. It is hoped that in this kind of environment where the victim can feel secure, and see modeled healthy expressions of affection and love without sexual strings attached, re-education regarding sexuality would also take place. As well, there is the need for access to on-going education. The education of the victim should not be interrupted. These victims must not lose this opportunity to grow in knowledge and become self-satisfying, self-fulfilled and productive.

The above addresses the handling of disclosure and post-disclosure of sexual abuse. In addressing the issue of prevention, the main focus is education. An awareness of the signs of sexual abuse would aid the process of early reporting and early detection, which seems to be the most important factor in alleviating long-term damage. This one case presents a specific implication for counselling: in counsellor

education in university, learning how to deal with sexual abuse victims and their behavior should not have to be learned on the job.

Education in the field of sexual abuse should include theoretical knowledge as well as knowledge pertaining to treatment research needs in the field. At the present time the two main theories in the field of sexual abuse have been derived, one from work done with offenders, and the other with victims and families. The two areas of work are separated for several reasons. One is that the populations are usually separate as offenders are incarcerated. Secondly, the work done with victims and families usually takes place when the offender is no longer present in the home.

The professionals who work in these separate areas have little contact with each other in terms of professional meetings, and usually publish thei. work in different journals. Yet joint work in clinical practice and research, and a sharing of their knowledge would benefit everyone involved. Finkelhor, (1984) states: "One factor in particular that has hampered the pooling of offender and victim research is family-systems theory. Family-systems theory has been one of the most eagerly welcomed theoretical developments in the field of mental health . . ." (p.226). This theory is useful and is widely used by clinicians in working with families where sexual abuse has occurred. Finkelhor also states that:

> the family-system perspective has also introduced two unhealthy biases into the field. First, it has created strong theoretical interest in one form of sexual abuse, father-daughter incest, to the exclusion of all other forms. Second, it has discouraged interest in studies of offenders. Family-systems concentrates on one form of sexual abuse, because that is the form of sexual abuse that its theory best explains. In father-daughter incest,

> according to the theory, the marital relationship has broken down, the mother is alienated from the roles of wife and mother, and the father makes an alliance with the oldest daughter that substitutes for the marital relationship and becomes sexual. This system encompasses some of the most cherished principles of the family-systems perspective, including the danger of cross-generational alliances and the collision of all family members in family pathology (p.226).

There are at least two criticisms, according to Finkelhor, of this theory. One, relevant to unfair placing of responsibility or blame for the incest, is on the mother and daughter. Another is the focus of attention on just father-daughter incest and does not include the extra-familial abuse by neighbors, teachers, priest, friends. Extra-familiar abuse needs theoretical attention as does abuse by brother, uncles, grandparents. Re-victimization often occurs in the extended family. Summit (1978) stated that once the incest has been disclosed,

> A bizarre spinoff of the labelling process is the fascination the girl presents to others. She may be regarded by relatives as dangerously attractive . . . Publicly deflowered as she is, she is regarded as no longer deserving of respect or protection (p.244).

These behaviors involved in other forms of sexual abuse that exist outside the family cannot be explained by family dynamics or family system theory. There is a need for the development of theory which can apply to other categories of abuse. Finkelhor expresses the view that because family-systems theory is so popular these other areas have been neglected.

> Questions about the history, attitudes, and motivations of offenders have been considered matters for traditional individual psychology . . . another reason for the lack of communication between offender researcher, and victim researcher (p.227).

Family systems theory has provided a means of understanding dynamics within the family and how this may increase the risk of sexual

abuse. There is a need to blend other theoretical knowledge regarding offenders with family systems theory to provide new theory and insights regarding the dynamics of sexual abuse and the full dimensions of the problem should be part of counsellor education programs in university.

Also needed are innovative professionals in the field who can develop new methods of working with victims of sexual abuse. Bagley and Ramsay (1985) have developed a new treatment framework which incorporates "Buchminster Fuller's (1979, 1981) geometric systems view of the universe, and Ramsay's (1985) adaptation of systems geometry to social work" (p.15). It is their view that this framework can be used in both group and individual treatment by any clinician.

The framework has "three interlocking systems that identify: (1) the life situation and circumstances of the patient; (2) the counsellors model of practice; and (3) the method that is used to engage the helper and patient in a synergic process toward a desired outcome" (p.15). The premise for each system is that a minimum number of elements must exist in relationship to each other for any system to function as a stable structure. Bagley and Ramsay present the systems in the following manner. The key elements in a life system are the individual, value sets, significant others, and social economic resources. The key elements of the individual's system is intellectual, spiritual, emotional, and physical. The key elements of a practice system are the client's system, the change agent system, (clinician), the action system, and the target system. Together these elements come together and form key elements of a helping model. This model includes role defined persons, the counsellor and client. Their view of the helping

process is a "two dimensional tetrahedron, which establishes three side-by-side triangles in a stable relationship to each other" (p.18). This structure includes maps and pathways of the general to specific work occurring between client and clinician or helper. As the work progresses it "is guided by a dynamic process that involves at least four kinds of energy: linear, lateral, rotational, and synergic" (p.18).

This brief summary of their model gives an example of one new approach to therapy for victims of sexual assault.

The whole field of child sexual abuse is new in terms of research and only recently acknowledged as a social problem. Therefore educational theory, and research is needed in many diverse areas. This will hopefully provide relief for the victims of sexual abuse now, and in the future. We need to understand how to identify and prevent abuse. Improvements in counsellor education would help in achieving this in whatever work field, but especially in school systems.

As part of an ongoing education process, school personnel must be educated in recognizing signs of possible sexual abuse and what their responsibilities are. For example, a clear statement of reporting policy should be in place in each school division.

The implementation of preventive education programs for children beginning in kindergarten and continuing through high school on a gradually increasing level of sophisticated knowledge and awareness is crucial to encourage children to report abuse. Many school systems in

the U.S. and Canada are attempting to implement such programs (Finkelhor, p.233).

Parental education in parenting skills would be helpful, especially for blended families where a step-relationship seems to enhance the risk of sexual abuse occurring. Parents also need to become knowledgeable about how to protect their children, how to recognize that abuse may be happening, and what must be done if disclosure is made to a parent.

The author recommends that the federal, provincial and city governments contribute to funding for each major city across Canada to develop comprehensive and integrated response protocols for handling cases of child sexual abuse that could cover specifically the areas of investigation, protection, prosecution, crisis support, treatment, prevention, detection and training. The Metropolitan Chairman's Special Committee on Child Abuse Work is summarized as an excellent example of what has been done in one city in Canada and what could be done in other cities as well.

This committee, established by Chairman Paul Godfrey and convened in October, 1981, had as a first priority the reduction of child abuse in Metro Toronto, specifically to develop a coordinated program to deal with the sexual abuse of children. The committee began work toward developing a comprehensive response to child sexual abuse by reviewing the literature currently available, talking with other professionals in a variety of areas and looking at treatment services presently being provided. Two specific treatment programs in the United States were visited by a multi-disciplinary team; one program at San Jose, California, and another in Seattle, Washington. Together these

programs, The Harborview Sexual Assault Centre in Seattle and The Child Sexual Abuse Treatment Program in San Jose have treated over 10,000 sexually abused children in the past decade. The team compiled a comparative profile of these two programs which is included in Appendix B of this thesis. During the committee's work in analyzing and reviewing current response procedures, the need for an integrated, coordinated and comprehensive response became imperative. This need exists because of the uncertainty as to what constitutes appropriate intervention by the individuals in the range of systems which may be involved in any one case of sexual abuse. Therefore, when a child discloses sexual abuse further trauma can be the result for one or several of the following reasons:

- o acceptance of the pervasive myth that children lie about sexual abuse, which often impedes reporting and/or appropriate investigation;
- o lack of co-ordinated response which often means multiple interviews of the child by representatives of different systems, e.g. public health nurses, school officials, child welfare workers, police officers, doctors, lawyers, court officials, etc.;
- o disagreement as to whether child sexual abuse should be viewed as a family problem or criminal concern which impedes effective collaborative intervention by both the child welfare and criminal justice systems;
- o reluctance to lodge criminal charges against alleged offenders due, among other factors, to the perceived 'unreliability' of child witnesses;
- o removal of children from their homes into the care of a Children's Aid Society which, too often, becomes the only way to protect a child if no action is taken against the offender;
- o with few notable exceptions, a critical shortage of trained personnel and specialized treatment or support services for child victims, offenders and their families (Grant, 1983).

Once the committee had gathered information and formed conclusions they began to develop a statement of principle (see Appendix C) as a coordinated effort towards ensuring that the systems designed to help a child would, in fact, do so. It took approximately a year to compile the necessary information to develop the principles which are now being used as a guide to implement several initiatives to aid in a strengthened and improved professional and community response to the problem of child sexual abuse. These include:

- development of an integrated protocol for handling cases involving child sexual abuse within and among the Children's Aid Societies, the Police Department and the Crown Attorney's Office;
- training of child sexual abuse specialists which the above systems have been requested to designate for the purposes of implementing and refining the integrated protocol in co-operation with other relevant systems;
- creation of crisis support groups, initially for female victims and their mothers, to provide immediate assistance following disclosure of sexual abuse; and
- implementation of a preventive education project for children in Kindergarten to Grade VI, aimed at early detection and prevention of sexual abuse in the context of personal safety measures (Grant, 1983).

In addition to the above, the committee produced an interim report which synthesized the work which had been done since its inception in November, 1981. Recommendations were made for future action in the coming year. This report was in November, 1982, included sections on each of the issues previously stated, and the activities to date on each along with recommendations. The committee also has produced the following:

The Legal Response to Sexual Abuse of Children, a background paper reviewing current procedural and legal practices in the child welfare and criminal justice systems regarding child sexual abuse (October, 1982).

An important aspect of the committee's work has been the ongoing evaluation by outside consultants of their various programs as they have been implemented. For example, The Evaluation of the Preventative Education Program was completed in March, 1984. The Crisis Support Group Program for Sexually Abused Children and their families which began in January, 1983 (coordinated by the committee), was assessed and monitored by a local consulting firm. A thorough evaluation dealing with the strengths of the program with recommendations for modification and improvement was completed in July, 1983. The group produced a progress report in September, 1984. From their inception to the time of the report, some 282 children, mothers and offender/fathers were referred to the five crisis support groups for counselling. The report also indicated a waiting list for "interns" who wanted a "hands-on" supervised learning experience to develop expertise in working within the area of child sexual abuse.

In November, 1983 the Guidelines for Investigative Interviewing of Child Abuse Victims of Sexual Abuse were completed, which also included a list (see Appendix D) to be used as a guideline for recognizing sexual abuse. The guidelines were designed to be used in conjunction with the Child Sexual Abuse Protocol as part of a coordinated community approach now being used in Metropolitan Toronto. These guidelines were revised in May, 1984 and include the following.

- o Feelings--the child's/the interviewer's
- o Checklist

- o Preparing for the interview
- o Seating arrangements
- o Establishing trust
- o A neutral location
- o Background information
- o Getting started
- o Children's sense of time
- o Use of aids: drawings, dolls
- o Validating the child's credibility
- o Concluding the interview

Another very helpful work of the committee was the production of a Child Sexual Abuse Treatment Resource Directory in March, 1984. The directory includes the following as well as other material:

- o Listings by agency and private practice
- o Listings by type of service and target group; crisis assessment, individual or group treatment
- o Family therapy
- o Consultation/Training
- o Specialized Services
- o General Services

The committee's work is ongoing and has generated other programs. In the Ontario Centre for the Prevention of Child Abuse Newsletter, Vol.2, Number 2, August, 1985, time limited grants for local communities are advertised. There are also a large number of completed project results available from across Ontario dealing with the development of a variety of topics; for example, development of a teacher's manual on child abuse. One reason that these reports are valuable is that they indicate a system of information exchange and development of programs in small communities, to cope with the problem of child sexual abuse.

The committee's work stressed the area of preventive education as, until very recently, this was an issue that few educational systems would consider as a part of their curriculum. Fortunately this is beginning to change. One can understand that teachers might be unsure

as to what their role might be. However, since there are laws requiring reporting and a fine or jail term for not reporting, the educational system must prepare teachers and implement policy pertaining to the abuse reporting.

In the United States steps have been taken at various governmental levels to implement preventive education. In Washington, D.C. the National Education Association has a kit that includes film strips, a book, handouts. This sells for $137.00. It has been sent to twelve hundred master teachers who will utilize the kit in educating other teachers.

California has passed an $11.25 million bill for expansion of their school sexual abuse programs.

Cook County, Illinois sheriff's department has a three-day abuse-prevention program which they have already presented to 8,000 children. They are presently booked through to 1986.

Commercial level comics are also used as a tool; Marvel Comics has run a million copies of a special issue which features Spider-Man and the way he acts as a model for a little boy to tell about sexual abuse by a baby sitter. These are just a few examples of educational tools being used in the United States. In addition there are Illusion Theater Productions, dolls and puppets. As a result of their effectiveness in increasing children's knowledge and awareness, in California there is a 44% increase in sex offense reports (Time, November 12, 1984).

Educational awareness has increased but it must encompass all schools.

In Canada the Badgley Report, in making recommendation for reform, also listed as Recommendation #2, Education for Protection (see Appendix E). They found, as have others, that the "fear and stigma associated with having been a victim of sexual assault" necessitate education in order that a child will feel safe and comfortable in seeking help, and be strong in giving evidence. This will not happen unless the child has been educated to know "that an act was wrong" and has developed "strength to overcome the fear or shame" so that the child may be able to tell and hence aid early detection. ". . . a national program of education and health promotion should be undertaken" (p.14). There is also listed a specific recommendation in response to this perceived need for reform. Unfortunately there are few resources available to implement the recommendation in terms of monies for funding and committed people, both in politics and the community, as well as professionals in various disciplines.

Suggestions for Further Study

During the course of this case, and in cases encountered since in counselling, and through literature, many questions arose for me. For example, how is it that one child becomes a victim while another does not although the high risk factors (Finkelhor, 1984) are present in each of their environments. What role does the male/female socialization process, along with moral development, play in the development of a potential offender. Males and females, especially females, are abused as children but the highest percentage of offenders are male according to all reports in the literature; what accounts for this, why do women

not also rank as high as offenders? Does the difference in moral development of women (Gilligan, 1982) account for this? Does it have to do with women being primary care-takers of children? How do other societies cope with the problem of sexual assault, especially sexual abuse? According to reports, sexual abuse is widespread in other western countries; Great Britain, Sweden, France, Poland and Germany (Finkelhor, 1985, p.46). In countries where women are not seen as valuable citizens; where females are subjected daily to sexual harassment and degradation, is sexual abuse prevalent? Is it just accepted and ignored, or is it a part of their culture? What, if any, are the effects of the loosening of controls upon sexual behavior since the so-called "sexual revolution." What is the relationship between pornography and the violence against women and children?

Given that more research needs to be done, given that there are major reports that have been carried out in the U.S. and Canada, making recommendations regarding the many facets of the problem of sexual abuse, there has been little response by governments and communities in terms of needed funding and commitment to implement these recommendations. Would research based on an economical approach, for instance, services cost, legal cost, cost in maintaining wards of the court in foster placement, cost in terms of the loss of potentially productive lives, etc. have any influence on governmental views? Would this kind of research require that they do more than ignore the current state of knowledge and need for immediate attention to recommendations for change?

Research increases knowledge but perhaps a greater challenge is how to implement the findings and recommendations provided by this knowledge.

Betty's Current Status

Betty has worked this summer (1985) as a volunteer at a summer day camp and received a good report in her evaluation. She has been camping with her mother and sister. She has also visited her stepfather at the prison, on two occasions. She reports that her mother will not talk with her about the sexual abuse, and that her mother has not availed herself of any counselling support. Betty also states that her stepfather is now in a local treatment program. Her relationship with her foster mother seems to have improved and Betty seems to feel closer to her. She is continuing in counselling at a local sexual abuse counselling group and is seeing a new psychiatrist.

Betty occasionally calls me and just recently, August, 1985, she visited and gave me the words to a song which she had typed out. The song was Understanding by Bob Seeger. She said this song had meaning for her, and she thought of me when she listened to it. Now she wants to understand and learn more about life. She spoke of feeling better about her self and is taking pride in her appearance. She tells me she's bought many new clothes for school. Betty's looking forward to school and states she has a different attitude and wants to succeed.

It is my hope that she will continue to grow and find a meaningful existence for herself.

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APPENDIX A

RECOMMENDATION NO. 29

Recommendation No. 29

The Committee recommends that the Office of the Commissioner in conjunction with the Department of Justice, the Department of National Health and Welfare, Provincial Attorneys-General, Departments of Health and Child Protection Services and non-governmental agencies:

1. Develop minimum standards of services to be provided by each of the main public services (police, medical and child protection services) in relation to the investigation, assessment and care of sexually abused children. These standards, pertaining to each service, should specify, among other considerations, that:

   (i) every one must report cases of child sexual abuse to the police and/or to child protection services;

   (ii) it be mandatory that all cases of child sexual abuse that constitute sexual offences under the Criminal Code be reported to the police;

   (iii) an initial assessment is to be made promptly and no later than 24 hours following notification;

   (iv) a medical assessment be made of the physical and mental state of all cases of child sexual abuse;

   (v) there be clear documentation of services provided and that long-term monitoring be undertaken to assure that the child is at no further risk of being harmed; and

   (vi) a procedure be established to review reports of child sexual abuse and ensure that the needs of the children are being adequately met.

2. That legislation be enacted to specify these standards and to assure that they are being met in the assessment and care of these children.

From Sexual Offences Against Children In Canada: Summary. (1984). Committee on Sexual Offences Against Children and Youths, pp.38-39.

APPENDIX B

A COMPARATIVE PROFILE OF THE CHILD SEXUAL ABUSE TREATMENT PROGRAMS IN SAN JOSE, CALIFORNIA, AND SEATTLE, WASHINGTON

THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

A Comparative Profile of the Child Sexual Abuse Treatment Programs in San Jose, California, and Seattle, Washington

	San Jose	Seattle
Population Served	° Santa Clara County ° Population: 1.3 million (half of Metro Toronto) ° Major industry: technology ° Population mainly white, middle-class; Hispanic and Asian populations growing ° Large military population	° King County (includes 27 municipalities) ° Population: 1.2 million ° Major industry: Boeing aircraft ° Population mainly white, with significant Hispanic and native populations ° Only 7% of families live in traditional nuclear form
Program	° Co-ordinated network based upon voluntary co-operation among mandated and community agencies ° Components: - Juvenile Probation, Child Abuse Unit (has child Welfare mandate) - The Police Department - The District Attorney's Office - Institute for the Community as Extended Family (co-ordinates training and co-sponsors Parents United)	° Co-ordinated network based upon voluntary co-operation among mandated and treatment agencies ° Components: - Child Protective Services (CPS) - Special Unit - The Police Department - Special Unit - The Prosecutor's Office - Special Unit - Harborview Sexual Assault Center - Offender Treatment Specialists - King County Rape Relief - Western State Hospital (psychiatric)

	San Jose	Seattle
	° Parents United/Daughters and Sons United/Adults Molested as Children United (professionally supervised resource offering sponsorship for new families, groups, community education and fund raising)	
Program Description	° Deals only with intra-familial child sexual abuse (75% of all sex abuse) ° Initiated 11 years ago through Juvenile Probation which saw heightening pressure on child to change story and a cycle of revictimization ° Mandatory reporting ° Treatment co-ordinated through ICEF and Juvenile Probation (5 counsellors and 39 interns from family and marriage therapy degree programs) ° All family members are linked to PU/DSU as soon as possible, hopefully with first 48 hours ° Criminal Court action is initiated in all cases	° Deals with all sexual assaults against children (50% incest; 35% known adult; 15% stranger) ° Evolved over past 10 years, initially in response to needs of adult rape victims; began to address needs of child victims six years ago ° Mandatory reporting ° Treatment co-ordinated by CPS and done by Harborview and other community resources ° Criminal Court action is always sought ° Each core service has specialized personnel and joint protocols which allow development of common expertise and reduces territoriality ° CPS/Police/Prosecutor meet twice a month for case conferences ° CPS/Police/Prosecutor/Harborview/Offender Specialists/Other Resources meet once a month to identify concerns and share information

	San Jose	Seattle
	° Process cannot be managed entirely by professionals due to intensity of time (42 hours/family in first two weeks); self-help component is critical since first 48 hours determine eventual outcome	
Philosophy	° Child is <u>always</u> assumed to be telling truth ° Incest is a social disorder and is symptomatic of a family dysfunction ° Incest offenders can be resocialized through treatment and on-going support ° Prognosis better for incest offenders than other sexual offenders ° Court involvement is mandatory; offenders need to "feel hard edge of the law" and accept full responsibility for their actions ° Court action lets child know that s/he is believed; is not to blame; father is being punished and helped ° Mothers rarely know of abuse on a conscious level but must assume responsibility for protecting child	° Child is <u>always</u> assumed to be telling truth ° Incest is an outlet for the offender's sexual behaviour disorder (deviance) and he, alone, is responsible for behaviour ° Part of a continuum of sexual deviancy, e.g. 1/3 of all "flashers" will eventually rape ° No significant difference between incest offenders and other sexual offenders ° Court involvement is necessary to force treatment (less than 1% stay in treatment voluntarily) ° Court action empowers the child ° Mothers rarely know of abuse on a conscious level; do not even think of husband molesting child ° Goal: to protect child from further abuse, initially by removing offender from home, and eventually, by reconstituting mother/daughter relationship

	San Jose	Seattle
	° Goal: to protect child and reconstruct safe, healthy environment (core is mother/daughter relationship; father only re-enters if in best interests of child) ° Offender is always removed from home, not child. If child must be removed, offender also leaves, so that space left open for child	
Statistics	° General estimates used: 1/4 of all girls and 1/10 of all boys will be molested before the age of 18 ° 350 families (1,000 individuals) now in active treatment ° 600+ referrals expected in 1982 (compared to 34 in 1971) ° Estimate that only 1/3 of molested children are being reached ° Families conform to general demography ° 15-20% of offenders are sent directly to State facility, although child and mother may come to program. This includes men with previous records, pedophiles (extra-familial), and those with histories of chronic drug abuse, violence or psychotic disturbances	° General estimates used: 1/4 of girls and 1/10 of boys will be molested before age 18 ° 1,050 children (including over 500 incest) seen in 1981 (compared to 53 in 1973) ° CPS receives 40/50 sex abuse referrals per month ° Every year, referrals increase by one-third ° 2/3 victims are pre-teen (10% of incest victims are boys) ° Families conform to demography ° 15% of children have some form of injury (usually minor); only one child has been hospitalized in 7 years ° 250% increase in prosecution of offenders ° Confession rate is 72%. Of those prosecuted, 61% are convicted. Total convictions for incest: 80% ° 50% of families eventually stay together

	San Jose	Seattle
	° Confession rate is 90% (75% confess in first interview) ° 60% of families eventually stay together; only 5% of children stay in care ° Recidivism is estimated at 1% of those they still have contact with (not possible to track those who move); most likely to be men who never "owned" the program	° Recidivism for community treatment not known; 20% at Western State Hospital (minimum security) ° Adolescent Sex Offender Program had 366 cases in first year (60% offender against children)
Investigation/ Prosecution	° Goal is to ease child through system with the least amount of trauma possible ° Child should only be interviewed once, tapes and made available as required ° Joint interview with Police and Probation (child welfare) officer if possible ° Child may choose to have mother present ° Case must be made on verbal evidences because there is rarely physical evidence or witnesses; use expert witnesses ° Mother/child/siblings immediately linked to PU/DSU by police ° Father is contacted; usually comes to police station voluntarily; child's interview is played	° Goal is to protect child and minimize number of times that s/he must tell story (usually kept to 2 or 3 times) ° CPS has 24-hour hotline; most incest is reported to CPS; schools and medical facilities are major referees ° CPS conducts initial investigation by interviewing child, siblings and mother (if offender is present, he will be advised that a report is being made to police) ° When verified, written report to police ° Detective is assigned from Sex Crimes Unit and interviews offender ° Incest offenders given choice: move out with no more contact or be arrested ° Joint interview of child by CPS/Police/ Prosecutor (same personnel throughout)

San Jose	Seattle
° If they confess (75%) immediately, they are released on their own recognizance, provided they agree to leave home ° Immediate link with PU (there have been suicides) ° If no confession, Police let PU work with father which results in a further 15% confessions ° Confessions are key so that child is saved from court testimony ° Sentencing delayed for 6 months; most men work hard in treatment and groups to reduce sentence (that's the first incentive) ° Most get some time (6 mos.) in county jail on work furlough program (must pay $35/night and are released for work and treatment) ° Most men are able to keep jobs and support families ° Upon release, remain on probation up to 5 years (this can be reduced, depending upon progress in program) ° Try to have joint Criminal and Juvenile hearings so that there is also leverage to force mother to allow treatment of child	° Decision to lay charges ° Most children are qualified legally as witnesses, including some mentally-retarded ° Advocate is assigned to child throughout prosecution (usually Harborview or Rape Relief); key to supporting and preparing child for court ° Most incest offenders are sentenced to county jail with community treatment (51%) ° 23% receive probation with mandated treatment ° 26% go to State hospital or prison ° Prosecution takes 6-8 months ° Also go to Juvenile Court, when necessary, to protect child, especially if child is young and/ or mother does not support

	San Jose	Seattle
Treatment--Child	° Joint interview by Police and Probation Officer ° Referred to Child Abuse Unit, Probation Department ° Each case has a CAU case manager and therapist ° Immediate link with DSU; sponsor assigned, usually older child or AMACU member ° Individual and group counselling; when possible, sessions with mother ° No contact with father until sentencing or trial (6 mos.) unless father is willing to meet in supervised setting to tell child that she did nothing wrong and that he accepts full responsibility ° Many children attempt to take back story due to crisis of disclosure; must get immediate support ° Children who have been abandoned stay longest and have the most difficulties; others stay in program for 6-12 months ° DSU is managed by ICEF but has its own steering committee which organizes activities and raises money ° 17 groups meet every Wednesday, broken down by age, sex and topics such as self-awareness and sexuality, communication and orientation	° CPS acts as case manager ° Treatment is done by Harborview and private agencies ° Harborview provides treatment, legal advocacy and medical assessments ° Initial crisis intervention (some children need nothing further) ° Then into groups or play therapy (if under 8) ° Most stay in groups for six months ° A few need further individual help ° Non-offending family members are involved in separate groups as soon as possible ° Children who are not able to stay at home have the hardest time ° Medical examination is rarely done on an emergency basis but child is usually given a complete physical within two weeks to reassure her that she is okay

	San Jose	Seattle
	° Young male offender groups meets weekly and, most recently, a young female offenders group has begun ° Counselling focuses on mother/daught r relationship and helping child to understand that she is not to blame ° If family is going to stay together, child may become involved in family counselling after 6-9 months ° Little emphasis given to medical or psychological assessments, unless obviously needed or child needs reassurance	
Treatment--Mothers	° Immediate link with PU and sponsor/mother ° Usually despondent, confused and very needy; sponsor helps through crisis ° Individual counselling to help her to cope with crisis, support/protect children and make critical decisions ° Goal is not to save marriage but ensure that needs of child(ren) are met ° Joins PU Orientation Group (8 weeks); offender also present; allows for mother's anger and guilt to be expiated	° Mothers are put into groups, court-ordered if necessary ° Some also need limited individual work ° Rationale: unless mother is supportive to child, child must leave; mothers need intensive support to fulfill this role, particularly if they remain in contact with father/offenders ° Most stay in groups for about 1 year ° SAC and Offender Specialists have recently begun couple counselling ° Western State Hospital also has weekly couple groups

	San Jose	Seattle
	° Then joins women's group and progresses through various groups which are run on 8 week cycles and includes a mother/ daughter group (takes 1 year) ° If warranted, may eventually participate in family counselling	
Treatment-- Siblings	° Siblings are encouraged to join DSU, also by court order if necessary ° Participate in groups with victims ° Helps to work out ambivalence or anger toward victim for breaking up the family; provides information ° Lends added support to child	° All children within incestuous families suffer some degree of emotional disturbance ° Counselling is available as well as sibling groups
Treatment-- Offenders	° Immediate link to PU sponsor/father who provides information and support, as well as encouragement to confess and take responsibility ° Must be involved in court process; but can get involved even before charges are laid ° Usually resistant or ambivalent about attending PU groups or individual treatment but usually comes as a way to reduce sentence or avoid jail ° Attend Orientation Group for 8 weeks	° Most receive community treatment unless dangerous, severely disturbed or re-offenders ° Treatment by private agencies such as Northwest Treatment Associates ° Must be court-referred ° All types of sexual offenders treated in groups as well as individual and, recently, couple counselling ° No contact with other group members permitted outside group (bad influence) ° Behavioural adversive conditioning used based on hypothesis that problem is one of deviant sexual arousal pattern that is subject to being changed

San Jose	Seattle
▫ Is confronted by mothers and adult survivors of incest who also attend Orientation ° Hearing survivors describe life-long damage of molest often prompts action by fathers such as confession or voluntarily leaving home so that daughter can return (most men claim _ awareness of potential damage to child: "I didn't hurt her" or "She never complained") ° Proceed to Men's Group and other 8 week groups which take 1 year to complete ° "Real" treatment begins after father is able to meet with daughter to accept responsibility and remove blame ° Attendance and progress is constantly monitored by CAU case manager ° Some feel long-term PU contact is crucial (like AA) to avoid re-offending ° Others feel that once positive ways of coping are learned and friends are established, re-offending is unlikely ° Men who have been in the program for some time are used in children's groups so they can rehearse meeting with real fathers; also attend survivors meetings to allow women to confront and question	▫ treatment issues: denial, minimizing, rationalizing and blaming victim; must accept total responsibility ° Western State Hospital takes those committed under "sexual psychopath" statute, although none is technically psychopathic but may be dangerous or re-offenders ° 2 year program (30-90 day - in-patient observation; min. 3 months - Work Release; min. 18 months - Out-patient) ° Group treatment only; 30 hours/week ° If they escape or re-offend, they go to State prison ° Weekly couples groups; also conjugal visits ▫ Emphasis on decreasing deviant behaviour and building social skills ° Adolescent offenders handled by Adolescent Clinic ° 366 cases in first year, including 220 who offended against children and 73 who raped adults ° Treatment takes 1-2 years of individual and family treatment (groups were not successful) ° Report progressive pattern, i.e. kids who molested often began by stealing underwear, public exposure, etc.

	San Jose	Seattle
Community Education	° Speakers Bureau run by PU involves both members and professionals ° Everyone must rehearse presentations with group and check back every six months ° Most requests from hospitals and schools ° Each speaking engagement is filled by PU member and professional	° Public service announcements for children and adults using local celebrity (Bill Russell) ° Handbook for Parents, "He Told Me Not to Tell," available free in every library; 5,000 copies distributed in 24 hours ° Personal Safety Curriculum developed for public schools and introduced through PTA's ° 26 schools (7,000 children) have been reached since January 1982 ° Presented by teachers after 6 hours of training ° Parents are also offered 2 hours orientation
Outstanding Features	° Self-help function provided by Parents Unlimited is extremely powerful ° Intern program and PU result in significant cost-saving (program would not otherwise be financially feasible) ° Growth-oriented model provides "hope" which is ultimately energizing, despite intensity of pain and confrontation ° Co-ordination and communication is strong	° Co-ordination of services is clear; each has own responsibilities; mutual respect, collective expertise is enhanced ° Advocacy component for child provides critical support without which prosecution of offenders would be almost impossible; also provides child with clear message that s/he is believed and that belief if backed by action (even if offender is acquitted) ° Special protocols have been developed for ethnic populations, male victims and the disabled

	San Jose	Seattle
Concerns	° Follow-up is not always complete ° Can interns provide consistent and complete treatment? ° Possible over-dependency upon group; hard to move out of supportive community	° Follow-up not clear; recidivism unknown ° Pessimism toward offender may influence treatment and affect outcome ° Question use of aversion therapy: it is de-humanizing and, according to many, ineffective on a long-term basis ° No self-help component; everything rests with professionals ° Question assumption that there is no difference between incest offenders and other sexual offenders (check of research confirmed differences)

This profile has been compiled based upon participation reports from most of the fourteen individuals, representing various systems, who participated in che Training Institutes, either in San Jose or Seattle, in May and June 1982. almost 800 hours of training were received.

Lorna Grant
Co-ordinator.

July 5, 1982

APPENDIX C

DEVELOPING A COMPREHENSIVE RESPONSE TO CHILD SEXUAL ABUSE:

A STATEMENT OF PRINCIPLES

The Metropolitan Chairman's Special Committee on Child Abuse

DEVELOPING A COMPREHENSIVE RESPONSE TO CHILD SEXUAL ABUSE: A STATEMENT OF PRINCIPLES

The sexual abuse of children is a phenomenon which has only recently gained some measure of public and professional attention. With this attention have come both an increase in the number of reported cases and a recognition of the inadequacies of traditional methods of response.

Given the range of professionals who may be called into action upon disclosure of sexual abuse, it is critical that efforts be co-ordinated. During the past year, the Metropolitan Chairman's Special Committee on Child Abuse has provided an active forum through which relevant issues have been identified, debated and resolved in a collaborative attempt to develop a common understanding of and approach to the system.

The following principles have emerged through these initial efforts and are designed to provide a framework for a comprehensive response to child sexual abuse. As such, they are not intended to restrict or limit efforts but rather to support attempts to implement a consistent and appropriate response, integrating the best which each responsible system has to offer.

Every situation involving child sexual abuse must be assessed individually to determine the best interests of the child involved. We believe that creative application of the following principles will help to guide us consistently toward that end.

1. Children reporting sexual abuse should be presumed to be telling the truth and bear no responsibility for their involvement, regardless of time or circumstances.

   Reliable estimates suggest that one in four girls and one in ten boys will be sexually molested by an adult at some point in their childhood. Up to 80% of these children will know their molester and, half of the time, he will be their natural or substitute father.*

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*These general estimates are drawn from the results of five major surveys, conducted between 1940 and 1978 including C. Landis (1940), A. Kinsey (1953), J. Landis (1956), J. Gagnon (1965) and D. Finkelhor (1978). Their findings are also supported by the experiences of the Harborview Sexual Assault Centre in Seattle, Washington and the Child Sexual Abuse Treatment Program in San Jose, California which, together, have treated over 10,000 sexually abused children in the past decade. Informal surveys in Canada suggest a similar incidence.

Translating the experiences of communities with considerable success in responding to this problem, it may be estimated that over 3,000 children are sexually abused each year in Metropolitan Toronto. Yet, in 1980, only 501 sexual offences involving children were reported to the Police, and the Children's Aid Societies forwarded only 75 verified cases intra-familial child sexual abuse to the Provincial Child Abuse Registry.

Until recently, effective response to child sexual abuse has been severely hampered by the age-worn myth that children fantasize about sexual encounters with adults. This myth is further complicated by an insidious but equally damaging belief that if, in fact, sexual activity occurs, the child is usually a provocative, if not eager, participant.

Fortunately, adults who were molested as children and experienced professionals are now helping to destroy this ill-conceived and dangerous belief system. Experience clearly demonstrates that children do **not** lie about sexual abuse. In fact, false denials of sexual abuse are infinitely more common than false reports.

All systems responsible for serving children must recognize the alarming prevalence of sexual abuse and commit themselves to responding, without doubt or delay, if a child comes forward. Without this commitment, the balance of power will remain forever in the hands of those adults who choose to violate the bodies and spirits of children.

2. The use of a child by an adult for sexual purposes is an abusive and criminal act which should be investigated and prosecuted as such.

Any form of direct or indirect sexual contact between a child and an adult is exploitive since it is motivated by adult needs and involves a child who, by virtue of age and position, is unable to give consent.

The closer the relationship between the child and the adult, the greater the potential damage is to the child. It appears that, ultimately, it is the abuse of trust and authority, more than the nature of the sexual contact, which causes the most trauma to the child as she matures. For this reason, father-daughter incest must be viewed most seriously, not simply as a "family problem" but also as an abusive situation with potential life-long effects upon the child victim and frequently her siblings.

No adult who molests a child should be exempt, particularly by virtue of family relationship, from accountability for his actions. The sexual abuse of children is a crime which cannot by any measure be tolerated or excused. As such, the community has both the right and obligation to take the necessary steps to protect the child and

to ensure that the adult in question is deterred from any further abusive acts.

Criminal prosecution conveys a clear message to the offender that his behaviour is both legally and morally unacceptable; that he, alone, is responsible for the abuse and its consequences; and, that the community is prepared to mobilize its resources to protect children. Finally, it also has the benefit of empowering the child victim who sees that she is believed and can come to understand that the disruption in her family is not her fault but a result of the abuse which was inflicted upon her.

3. Conviction of offenders, however, is not enough. Without appropriate treatment, the risk of re-offence remains high.

The causes of child sexual abuse are the subject of much debate and speculation. It is accepted, however, that the adult's disturbance is deeply-rooted and usually beyond voluntary control. It is not surprising, therefore, that offenders who receive no treatment or who attempt to engage in treatment voluntarily are generally undeterred in their behaviour.

One reputable study, for example, indicated that the vast majority of incarcerated sex offenders were known to authorities prior to conviction. Offender treatment specialists in Seattle, Washington report further that less than one per cent of offenders remains in treatment on a voluntary basis. There is no reason to assume that the experience in Metro Toronto is significantly different.

Court-ordered treatment offers the best assurance that treatment will, in fact, occur. This, of course, assumes the continued development of offender treatment services which are willing to accept clients who are, at least initially, involuntary.

The engagement of the offender in treatment also helps to reassure the child victim that the offender, who may also be her father, while being punished is also receiving help for his problem. This assurance is particularly important for a child who may be feeling guilty for "breaking up the family" or "sending daddy away or to jail."

4. Effective response requires the full co-operation and co-ordination of all systems. Specialization of core personnel is necessary to promote sensitivity, consistency and collaboration.

Every child who has been sexually abused is the potential subject of an array of professionals, many of whom may have little or no experience or knowledge of the problem. For example, in the space of several days, a child could be interviewed by a teacher, a public health nurse or school social worker, one or more child welfare workers, several Police Officers, plus medical and legal

personnel. Faced with the constant re-telling of their stories and, quite possibly, conflicting reactions and advice, it is not surprising that many children retreat into silence or deny the truth of their original report.

Given the critical importance of appropriate and sensitive response to disclosure, specific personnel in each system should be designated and trained co-operatively as child sexual abuse specialists. Together, this core of inter-disciplinary specialists can develop and refine new procedures and techniques to improve and co-ordinate detection, reporting, investigation and Court involvement, as well as crisis support and treatment for the sexually abused child and her family.

5. Following disclosure of sexual abuse, the child victim and adult offender should be separated immediately. In intra-familial situations, every effort should be made to remove the offender from the home, rather than the child.

Traditional response to child sexual abuse has involved either removing the child from the home or leaving the child and adult offender together "under supervision." Both actions, however, serve only to further victimize the child, either by isolating her from home, family and friends or by exposing her to continuing risk of abuse.

The primary goals of community intervention are to protect the child from further abuse and to reconstruct a safe, healthy environment for that child. Removal of the offender is the most effective assurance to these ends. It separates the child and offender, thus preventing continued sexual abuse or harassment and, secondly, it provides an opportunity for strengthening the relationship between the child and mother. It is the quality of this relationship which has been demonstrated to have a major effect on the child's response and recovery.

Since the majority of sexual abuse cases are not currently criminally prosecuted, the ability to restrict the movements of offenders has been limited. By default, it is then the child victim alone who must face the consequences of disclosure, usually physically or emotionally separated from her family and friends. In choosing to violate a child, surely it is the adult, not the child, who abdicates his rights to home and family, at least temporarily.

The Police, child welfare and legal authorities must continue to work together to ensure that sexually abused children are not re-victimized by the systems designed to protect them.

6. Attention must be given to the development of specialized crisis and treatment services for the child victim and non-offending family members.

Experts have emphasized that the quality of response in the first 48 hours following disclosure of sexual abuse determines the eventual outcome for the child. Immediate and intensive intervention, coupled with crisis support services, significantly improves the chances for successful resolution of the initial crisis caused by disclosure, as well as for subsequent progress in treatment.

Current services for child sexual abuse victims, particularly those who are involved in Court proceedings, are extremely limited in both scope and number. In fact, the only specialized services which exist are those offered through the Hospital for Sick Children and York-Finch Hospital, both of which are already extended beyond their capacities. While the Children's Aid Societies may attempt to fill this critical gap, they are ill-equipped to provide intensive crisis support and treatment while also trying to investigate and co-ordinate response. Continuing efforts must be made to ensure that appropriate treatment and support services are readily accessible throughout Metropolitan Toronto.

7. Early detection and prevention provide the ultimate key to ending the destructive consequences of child sexual abuse.

Given that most sexual abuse begins when a child is between the ages of five and nine, and continues over a period of years, early detection and prevention are critical. At the present time, probably no more than ten per cent of all sexually abused children come to official attention. Most of these are adolescents, many of whom are already exhibiting serious problems as a result of on-going sexual abuse. Successful intervention becomes more problematic as the abuse continues.

The effects of child sexual abuse can reach far into the future. Those children who are believed and supported have the best chance of growing up whole and healthy. Others must engage in a life-long struggle against repeated victimization. Some, tragically, carry the lessons learned in childhood to their own children by becoming abusive parents themselves.

While it is critical that services and support be available for current victims of child sexual abuse, it is equally important that efforts promoting early detection and prevention be encouraged. Possible examples include experiential school programs for young children, public education, parent support programs and continuing research aimed at enhanced understanding of the origins and dynamics of child sexual abuse.

No single individual, agency or system, however, can respond in isolation to child sexual abuse. It is a community problem of alarming and destructive proportions. There must be a collective commitment to work together, with all the compromise, frustration and understanding required, to create a community which refuses to tolerate the sexual abuse of its children.

APPENDIX D

POSSIBLE INDICATORS OF CHILD SEXUAL ABUSE

POSSIBLE INDICATORS OF CHILD SEXUAL ABUSE

Although the following are not conclusive indicators of sexual abuse, the presence of one or more is at least a sign that the child may be in need of help.

1. Crying with little or no apparent provocation.
2. Dramatic change in school behavior.
3. Inability to concentrate.
4. Sudden drop in academic performance.
5. Arriving early at school and leaving late, with few absences, or opposite extreme--truancy.
6. Aggressive, destructive, hostile, disruptive behavior.
7. Learning disabilities.
8. Non-participation in school and extra-curricular activities.
9. Chronic depression and/or anxiety.
10. Excessive fear of males, being touched, going home.
11. Evidence of "bribes."
12. Indication of age-inappropriate sexual knowledge (may be reflected in drawings, verbal statements, play with peers or toys).
13. Hints about sexual activity.
14. Seductive behavior with males (in cases of male offender and female victim).
15. Overly-compliant behavior.
16. Poor self-image.
17. Evidence of poor overall care.
18. Regressive or pseudomature behavior.
19. Compulsive lying and/or confusion with regard to personal reality.
20. Withdrawal.
21. Phobias.

22. Self-destructive behavior such as alcohol/drug abuse, self-mutilation, being accident-prone.

23. Suicide threats or attempts.

24. Running away from home.

25. Compulsive seeking of affection and attention.

26. Parent report of molestation by a stranger.

27. Lack of trust of adults.

28. Nightmares and sleep disturbances (may be indicated in the classroom by chronic fatigue).

29. Physical complaints with no apparent somatic base, e.g. frequent stomach aches, persistent sore throats, etc.

30. Difficulty in making friends (family may also be socially isolated).

31. Pregnancy.

32. Promiscuity.

33. Adolescent prostitution.

34. Irritation, pain or injury to the genital area.

APPENDIX E

RECOMMENDATION NO. 2

Recommendation No. 2

The Committee recommends that one of the principal responsibilities of the program that is established in conjunction with the Office of the Commissioner co-ordinating federal, provincial and non-governmental agencies' initiatives be concerned with the development and implementation of a continuing national program of public education and health promotion focussing specifically on the needs of young children and youths in relation to the prevention of sexual offences and affording better protection for children, youths and adults who are victims.

From Sexual Offences Against Children In Canada: Summary. (1984). Committee on Sexual Offences Against Children and Youths, p.15.